ARMY REGULATIONS, INDIA.

REGULATIONS FOR THE MEDICAL SERVICES

OF THE

ARMY IN INDIA

1930.



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PREFACE.

This volume contains the orders of the Government of India on military medical and sanitary matters. The book has been rewritten and this has necessitated the rearrangement and renumbering of paragraphs. The volume contains all corrections up to 1st September 1929.

Officers are expected to interpret the regulations contained in the volume reasonably and intelligently, with due regard to the interests of the service, as it is not possible to prescribe for necessary and self evident exceptions, nor for matters of detail which must be left to the discretion of local authorities.

G. R. F. TOTTENHAM,

Offg. *Secretary to the Government of India,*
Army Department.

SIMLA,
The 9th September 1929.

DEFINITIONS

Extras —Extra articles of food and drink which may be issued to patients on hospital diet

Family, Officer's —Includes, for the purpose of medical attendance, his wife, his legitimate children, sisters and minor brothers if wholly dependent upon him; but not his wife legally separated from him, nor his children in her custody, and also *bonâ fide* European and Indian servants

[illegible]

Incl [illegible]

wif[illegible]

dependent on him, but not his wife legally separated from him nor his children in her custody.

Civil Surgeon —Includes an agency or residency surgeon.

Medical comforts —Articles of food and drink which may be issued to patients not on hospital diet

ABBREVIATIONS.

A. B . . .	Army Book
A. D Corps .	Army Dental Corps
A.D H & P . .	Assistant Director of Hygiene and Pathology.
A.D P . . .	*Assistant Director of Pathology*
A.D M.S . . .	Assistant Director of Medical Services
A.F . . .	Army Form
A. G . .	Adjutant General in India
A.H.Q . .	Army Head Quarters.
A. M. S Regs. .	Regulations for the Medical Services of the Army
Appx. . .	Appendix
B O . .	British Officer
B O R . . .	British Other Rank
B M.H .	British Military Hospital
C. S Regs.	Civil Service Regulations
C in C	H E the Commander in Chief in India
Coy	Company
C M A.	Controller of Military Accounts.
C R I	Central Research Institute
D A.D H	Deputy Assistant Director of Hygiene
D A D P	Deputy Assistant Director of Pathology
D A.D M.S	Deputy Assistant Director of Medical Services
D D M S	Deputy Director of Medical Services
D G A M.S	Director General Army Medical Service
D G I M S	Director General Indian Medical Service
D H and P .	Director of Hygiene and Pathology
D M.S	Director of Medical Services in India
D P H . .	Diploma of Public Health
E R India .	Equipment Regulations India
G O C . .	General Officer Commanding
G O C in C	General Officer Commanding in Chief
H Q .	Head Quarters
I.A D S . .	Inspector of Army Dental Services
I A F . . .	*India Army Form*
I. A O C	Indian Army Ordnance Corps
I A S C .	Indian Army Service Corps
I H C	Indian Hospital Corps
I.M.D . . .	Indian Medical Department

I M N S	. . .	Indian Military Nursing Service
I M.S	. . .	Indian Medical Service
I O .	. . .	Indian Officer
I O D	. . .	Indian Ordnance Department.
I O R	. . .	Indian Other Rank
I M.H	. . .	Indian Military Hospital
K R	. . .	King's Regulations.
m c	. .	Medical Certificate.
M.E S	. . .	Military Engineering Services.
M.M.S	.	Military Medical Services.
M.N S	. . .	Military Nursing Services.
M.O	. .	Medical Officer.
N C.O	.	Non Commissioned Officer
N Y D	.	Not Yet Diagnosed.
O C	. . .	Officer Commanding
p a.	.	Private Affairs.
Para.	. . .	Paragraph.
P & A. Regs.	.	Pay and Allowance Regulations.
P U O	. .	Pyrexia of Uncertain Origin.
P V M.S	.	Priced Vocabulary of Medical Stores.
P W D	. .	Public Works Department
Q.A M.N S L	. .	Queen Alexandra's Military Nursing Service for India
Q.A I M.N S	. .	Queen Alexandra's Imperial Military Nursing Service
R A.F	.	Royal Air Force
R.A.F M. S.	. .	Royal Air Force Medical Service.
R.A.M.C	. .	Royal Army Medical Corps.
S A S	. . .	Sub Assistant Surgeon
S M.O.	. . .	Senior Medical Officer
S of S	. . .	Secretary of State for India
T A.B.	. . .	Typhoid and Para Typhoid A. and B. Vaccines.
T F.	. . .	Territorial Force.
U K.	. . .	United Kingdom.
I.U L.	. . .	Indian Unattached List
W O.	. . .	Warrant Officer

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APPENDICES.

REGULATIONS FOR THE MEDICAL SERVICES

OF THE

ARMY IN INDIA.

SECTION I.—COMPOSITION AND GENERAL ORGANIZATION.

1 THE MILITARY MEDICAL SERVICES

1. Composition.—The care of the health of the Army in India is vested in the following officers and personnel —

(i) Officers late of the R A M.C and still on the active list.

(ii) Officers and other ranks of the R A M.C and A D Corps.

(iii) Officers of the I.M.S

(iv) Members of the Military Nursing Services

(v) Personnel of the I M.D and I H C.

(a) The Royal Army Medical Corps and the Army Dental Corps serving in India

2 **Administrative Officers** —Major Generals and Colonels, removed from the R A M Corps and still on the active list, are nominated by the War Office for administrative duties in India, as required to fill vacancies

The distribution of these officers to particular appointments in India rests with the C in C

[illegible]

lations.

3 **R.A.M.C and A.D Corps Officers** —Executive officers of the R.A M.C and of the A D Corps are nominated for a tour of service [illegible]

stations (*vide* Appx. I)

Officers approved as specialists are posted by the C. in C as required to fill vacancies, the location of specialist officers in the command is determined by the G O C-in Chief Command

4 Tour of service—P A M C and A D Corps officers serve in India under the following conditions —

A tour of service is for five years reckoned from the date of embarkation in England vide King's Regulations paragraph 1084 and Regulations for the Army in India Appendix XXX This may be extended to seven years by permission or exchange

The following periods, spent out of India count towards the completion of a tour —

(i) All leave

(ii) Duty at a foreign station between embarkation in the U K for a tour of service abroad and arrival in India

Tour expired officers are sent home in the order in which they came out if practicable, reliefs during a trooping season will be arranged for those officers whose tours expire on or before the 30th June following

Exchanges to alter the order of going home are permitted between —

(a) Officers of the same rank.

(b) A Lieutenant and a Captain

(c) A Captain expecting promotion the next trooping season and a Major

(d) A Major and a Lieutenant Colonel

Exchanges during a first tour are not permitted

An application for an exchange to remain in India will be accompanied by a medical certificate (I A F M 1238)

5 Tour of service of executive officers in Commands—The duration of service in a Command is normally three years in the Burma District two years

On the termination of the specified tours of service applications for transfer will be considered subject to the exigencies of the service

6 R A.M C and A.D Corps other ranks—An establishment of Warrant Officers N C Os. and men of the P A.M C and of the A D Corps is authorised for India for duty with British troops

R A M C other ranks in India are formed into one company designated No 31 Company P A M C, India The headquarters of the company are at Deolali with detachments at certain British military hospitals

A D Corps other ranks in India are borne on the supernumerary strength of No 31 Company P A M C When posted for duty to stations they will be attached to the nearest P A M C detachment

7 Administration of No 31 Coy R A M C—The D M S in India is the officer commanding P A M.C and A D Corps in India and

as such is responsible for the administration and technical training of R.A.M.C. and A.D. Corps other ranks, as laid down in Standing Orders for the R.A.M.C., R.A.M.C. (T.A.) and A.D. Corps

8 Company officer No. 31 Coy. R.A.M.C.—An officer of the R.A.M.C. is appointed Company Officer at Headquarters No. 31 Company R.A.M.C., India

9. Tour of service.—R.A.M.C. and A.D. Corps other ranks serve for a period of 5 years in India, *vide* King's Regulations, paragraph 1084

10 Leave.—Leave for officers and other ranks of the R.A.M.C. and A.D. Corps is governed by the leave rules for the British Service in India, *vide* Regulations for the Army in India (See also Appendix V of these Regs.)

(b) The Indian Medical Service.

11 General.—The I.M.S. is primarily a military service for duty with the Indian Army. A proportion of the establishment is eligible for employment on civil duties under the Government of India or under Provincial Governments, officers so employed, with the exception of those holding certain specified posts called "residuary," form the War Reserve and are liable to be recalled to military duty. All officers entering the service after the 10th May 1928 are liable for military or civil employment, as may be required

12 The Military Establishment.—The establishment of the I.M.S. in military employment is the number of officers sanctioned from time to time to perform administrative, executive and miscellaneous duties in connection with the care of the health of the Army in India, *plus* a leave and study leave reserve of 27½ per cent

13 The Director General, I.M.S.—The D.G., I.M.S. is the head of the I.M.S. and of the I.M.D. He is responsible that the I.M.S. and I.M.D. are kept up to strength and that the authorised number of officers and warrant officers is placed at the disposal of the C. in C. for military duty. The D.G., I.M.S. is the president of the Selection Board for recommending I.M.S. officers for promotion to administrative grades and should be kept informed of prospective vacancies in the military list and also of vacancies which may occur unexpectedly. He will decide on the eligibility of an officer of the I.M.S. in military employment for recognition as a specialist, his decision being based either on certificates of a recognised institution, or determined by examination of the candidate (an officer may qualify as a specialist at any period of his service). He will keep the records of service and confidential reports of the members of the I.M.S. and I.M.D. The D.M.S. will supply him with all necessary particulars for keeping up the records of those in military employment

14 Appointment to the I.M.S.—Officers are admitted to the I.M.S. in accordance with rules issued by the Secretary of State for India.

An officer's service commences from the date of his first permanent commission unless otherwise specially provided for. The dates of

his commission and of his promotion to higher ranks will appear in the *Gazette of India*

15 The Royal Warrant —The Royal Warrant for the I.M.S of 28th May 1913 as amended by subsequent Royal Warrants forms the basis of its constitution and sets forth the rules regarding promotion and precedence

16. Grading on appointment.—Officers of the I.M.S will be graded and take seniority as shown in the Indian Army List.

17. Examinations, for promotion, etc.—(i) An officer must pass the examinations for promotion prescribed in Regulations for the Army in India, Appendix VIII, to qualify for promotion.

A Lieutenant may be provisionally promoted to the rank of Captain if, in the opinion of the Governor General of India in Council, he has not had a reasonable opportunity of passing Such provisional promotion may be cancelled as soon as he has had such opportunity and has failed to pass

(ii) He must have passed the prescribed language test as laid down in paragraph 82, Regulations for the Army in India.

In cases where exceptional circumstances have prevented an officer passing within the prescribed period the D.M.S in India may recommend a reasonable extension of time in which to pass the language test

18 Removal from the service of a junior officer.—An officer of the I.M.S will not be permitted to remain in the service if at any time during the first three years from the date of first permanent commission his retention therein is considered undesirable (*vide* Regulations for the Army in India, paragraph 82)

19 Transfer to and from civil employment.—Officers of the I.M.S. are eligible for civil employment after they have completed two years in military employment in India, and then only if their services can be spared. Transfers of officers to, or from, civil or military employment will be arranged between the Government of India through the department concerned and the C. in C., subject to the following conditions —

(1) No officer will be transferred to civil employment without the consent of the Government of India and the local Government.

(2) An officer transferred to civil employment will not ordinarily be liable to be recalled to military employment (except on general or partial mobilization) without the consent of the local Government, but the Government of India will retain the power to recall an officer against the wishes of a local Government in very exceptional cases of absolute necessity.

(3) A local Government will not be at liberty to return to military employment an officer transferred to civil employment without the consent of the Government of India.

20 Exchange between I M S and R A M C officers —Subject to the approval of the Army Council and of the Secretary of State for India exchanges between officers of the I M S and R A M C may be permitted on the following conditions —

(1) That the officers have less than seven years commissioned service.

(2) That in the case of Captains their seniority for the purpose of exchange shall be determined as if they had been promoted after the period of service required for promotion to that rank in the service into which they exchange, but that any alteration of date of rank made in pursuance of this provision shall be without adjustment of pay

(3) Subject to (2) that the senior officer exchanging takes the place of the junior on the list to which he exchanges and shall not be promoted until the officer next above him has been promoted, or has been refused promotion in consequence of failure to qualify for it

(4) Subject to (2) that the junior officer exchanging is placed for seniority next below all officers on the list to which he exchanges whose commissions have the same date as his own.

(5) That the officer transferred is placed for seniority below all officers holding the same rank at the time of his transfer and shall not be promoted until the officer next above him has been promoted or has been refused promotion in consequence of failure to qualify for it

21 Service for promotion.—Officers of the I M S will be eligible, if in all respects qualified and recommended for promotion to the rank of Captain Major or Lieut Colonel as follows —

A Lieut to Captain on completing 3 years full pay service

A Captain to Major on completing 9 years full pay service in the rank of Captain

A Major to Lieut Colonel on completing 8 years full pay service in the rank of Major including any period covered by antedated promotion without adjustment of pay, *vide* para 22

A certain number of Lieut Colonels may be specially selected for increased pay for ability and merit

22 Accelerated promotion —A Captain may receive six months accelerated promotion to the rank of Major provided he produces satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency A Captain who may be prevented by the exigencies of the service from obtaining an opportunity of qualifying for such accelerated promotion shall have this concession open to him for a period of 4 years after his promotion to the rank of Major, but any ante dating of promotion which may be granted shall be without adjustment of pay

23 Effect of promotion during the Great War —An officer shall not be eligible by reason of any promotion during the Great War (1914 18), for promotion to the rank of Major/Lieut. Col under [illegible] years' service from the date of first commission (or $\frac{11\frac{1}{2}}{10\frac{1}{2}}$ years if entitled to the reduction of six months referred to in paragraph 22), except that, an officer, appointed as the result of the competitive entrance examination of July 1915 may be promoted to the rank of Major/Lieut Col before he has completed [illegible] years service, at such date as may be required to avoid his supersession (otherwise than through the reduction of six months provided in paragraph 22) by an officer who entered the service by nomination during the Great War

24 Promotion to the rank of Colonel and Major General —Promotion from the rank of Lieut Colonel on the selected list for increased pay to that of Colonel and from the rank of Lieut Colonel on the selected list for increased pay or Colonel, to that of Major General shall be made by selection for ability and merit, and the grounds of such selection shall be stated in writing and recorded in the office of the Secretary of State for India Such promotions are made to fill sanctioned administrative appointments

The following rules are laid down for the selection of I M S officers in civil employ for promotion to military administrative grades —

(1) All officers in civil employment (including those now in the service), about a year before the date on which they are expected to be due for promotion to the rank of Colonel will be required to state whether they wish to return to military employment in order that they may be considered for promotion to administrative rank ,

(2) Those officers who elect to return to military employment, will be recalled and employed in a position suitable to their rank, without, however, any guarantee of eventual promotion ,

(3) [illegible]

rank, after which they will not normally revert to civil employment [illegible]

(4) Those officers who do not elect to return to military employment will either (a) [illegible]

which case they will cease to belong to the war reserve or (b) will continue to belong to the Indian Medical Service

in which case they will be eligible for further promotion on the civil side, and will continue to belong to the war reserve provided that they do not hold residuary appointments, *also they will be eligible to receive promotion in* military rank, as at present, on the basis of the civil administrative posts which they hold,

(5) An officer who desires permanent civil employment, but does not succeed in obtaining it, will be guaranteed employment in the military medical services, unless he is unfit for active service, or there is some other equally valid impediment to his being employed on military duties

25 **Special promotions.**—A captain after at least six years' service, a major or a lieut -colonel may be promoted to the next higher rank by brevet for distinguished service in the field or for meritorious or distinguished service of an exceptional nature other than in the field.

A lieut -colonel may be promoted to the rank of colonel, and a colonel to the rank of major general, for distinguished service in the field Lieut -colonels and colonels so promoted, shall remain supernumerary in the higher rank until the occurrence of the vacancy to which in the ordinary course, they would have been promoted or in the case of an officer promoted to the rank of colonel until selected for the rank of major general.

26 **Appointment of Honorary Physicians and Surgeons to His Majesty the King** – Six of the most meritorious officers on the active list shall be named Honorary Physicians and Six Honorary Surgeons to the Sovereign and they shall relinquish such appointment on retirement On appointment as Honorary Physician or Honorary Surgeon an officer under the rank of Colonel may be promoted to the brevet rank of Colonel

27 **Service on half pay**—Time on half pay, not exceeding one year shall be allowed to reckon as service for promotion, if removal to half pay has been the consequence of medical unfitness caused by duty, either military or civil

28 **Retirement of officers**—Officers of the I M S will be placed on the retired list when they attain the following ages —

	Years
D G, I M S, D M S. in India, Major Generals .	60
Colonels Brevet Colonels	57
Other officers	55

29 *Retention in the service*—*A Lieut Colonel who entered the* service before the 1st April 1911, and who has been specially selected for increased pay after 16th February 1921 may, if he attains the age of 55 years before he becomes entitled to the pension for 27 years' service, be retained until completion of such service

In any other special case, an officer may, if his retention is considered advantageous to the service and subject to the sanction of the Secretary of State, be continued in employment

Such extensions will only be granted provided an officer is physically fit and is reported to be efficient.

30 Liability to recall.—An officer appointed after the 11th September 1890, who may retire on pension before completion of 30 years' service or on gratuity after 12 years' service shall be liable to be recalled to duty in cases of emergency until he is 55 years of age.

31 Administrative officers in military employment —Major Generals and Colonels of the I M.S are appointed to fill certain sanctioned administrative appointments.

The tenure of such an administrative appointment in the I M.S is four years from the date of promotion. Officers are eligible for re-appointment up to the age limit for retirement

32. Executive I.M.S officers in military employment.—Executive officers of the I M S are posted to commands by the C in C. The G O C in Chief command posts them to districts in his command as required but the D M.S nominates officers for appointment to *command 1st and 2nd class and certain other Indian military hospitals* (*vide* Appendix I)

Officers approved as specialists by the D G I.M.S are posted to fill existing vacancies in the same way as R A M.C officers, *vide* para 3

33. Tour of service in commands —The duration of service in a command is normally three years, in the Burma District two years.

On the termination of the specified tours of service, applications for transfer will be considered subject to the exigencies of the service

34 Leave.—(i) Leave for officers of the I M.S is governed by the leave rules of officers of the Indian Army, *vide* Regulations for the Army in India and Appendix V of these Regs.

(ii) Officers of the I M.S are eligible for study leave under the rules laid down in Appendix IV A

35 Leave of officers, Medical Store Department.—Officers in charge, Medical Store Depôts are subject to the leave rules civil or military, under which they were serving at the time of their transfer to the Department.

(c) The Military Nursing Services of the Army in India.

36 Composition of the Military Nursing Services.—The military nursing services in India comprise the establishment of lady nurses sanctioned to perform nursing duties in military *hospitals and military* family hospitals in India and to supervise and train the subordinate nursing staffs of these hospitals.

The services consist of :—

(i) Members of the Queen Alexandra's Imperial Military Nursing Service, into which service have been absorbed from 1st November 1926, members of the Queen Alexandra's *Military Nursing Service for India*

(ii) Members of the Queen Alexandra's Military Nursing Service for India who have elected to serve under their existing conditions of service

The members of the above services are employed in military hospitals for British troops and their families

(iii) Members of the Indian Military Nursing Service

This service is employed in military hospitals for Indian troops

37 **Tour of service of lady nurses in commands**—The duration of service in a command is normally 3 years in the Burma District 2 years.

On termination of the specified tours of service applications for transfer will be considered subject to the exigencies of the service

38 **Discipline**—**Lady nurses**—If a lady nurse is suspended from duty by *the officer in charge of the hospital for neglect of duty, or* misconduct the case will be reported to the brigade commander who will if necessary order the assembly of a court of enquiry (composed of two senior combatant officers) to investigate the matter If the brigade commander cannot dispose of the case himself he will refer it for the orders of higher authority

(i) THE Q A I M N S SERVING IN INDIA AND THE Q A M N S FOR INDIA

39 **Establishment and grading**—The establishment of these services in India will be the numbers required and sanctioned from time to time Members of the above services will rank as —

Chief Principal Matron or Chief Lady Superintendent.	Taking precedence as	Colonel
Principal Matron or Lady Superintendent	Ditto	Lieut Colonel
Matron or Senior Nursing Sister	Ditto	Major
Nursing Sister or Sister / Staff Nurse	Ditto	Lieutenant

The provision of paragraph 934 King s Regulations will apply in the case of lady nurses of the Q A M N S I and Q A I M N S

40 **Distribution to hospitals**—The D M S in India will arrange for the distribution of the members of the above services to hospitals

(a) **Conditions of service of the Q A I M N S serving in India**

41 **Service on the Indian establishment**—Members of the Q A I M N S are nominated for a tour of service on the Indian establishment by the War Office

42 Tour of service in India—*A tour of service is for five years* reckoned from the date of embarkation in England The following periods spent out of India count towards the completion of the tour —

(i) all leave.

(ii) duty at a foreign station between original embarkation in the U K for a tour of service abroad and arrival in

[illegible]

Leave on m c out of India is admissible under Article 722 Royal Warrant for Pay etc , 1926, and is subject to the conditions laid down in paragraph 902 Regulations for the Army in India

44 **Leave pay** —A lady nurse will be eligible for ⅔ of her Indian rate of pay when on furlough or leave on m c in India, and for British rates of pay when on furlough or leave on m c outside India

45 **Conditions of retirement on retired pay, etc , and grant of dependents allowances** —The conditions of resignation or retirement on retired pay or gratuity, disability retired pay, and of the grant of dependents allowances and the rates admissible will be those laid down in the Royal Warrant of pay, etc , of the Army 1926 as amended by subsequent Royal Warrants

There will be no addition to the Pay Warrant rates in respect of service on the Indian establishment *i e*, service on the Indian establishment will not be regarded as service in a tropical country

(*b*) Conditions of service of the Q A M N S for India

46 **Conditions of service** —The conditions of service of those members of the Q A M N S for India who have elected since 1st November 1926 to continue to serve under their existing conditions of service are laid down in Appendix II A

(ii) The Indian Military Nursing Service

47 **Composition** —The service is composed of lady nurses recruited within Indian limits and will consist of —

Matrons
Sisters and
Staff nurses

Promotion is made by selection by the D M S in India

48 **Establishment** —The establishment will be the number sanctioned from time to time to carry out the duties for which the service is recruited *vide* paragraph 36

The establishment will be distributed to hospitals by the D M S. in India

49 **Appointment to the service** —The conditions of appointment are as laid down in Regulations for admission to the I M N S issued by A H Q from time to time

50 **Conditions of service** —A lady nurse selected for appointment will be required to enter into an agreement to serve for three years The agreement will be terminable by two months notice on either side except that in the event of misconduct or a breach of the agreement a nurse will be liable to be discharged from the service without notice

A lady nurse will be permitted to re engage for further terms of 3 years service or until reaching the age of 55 years, provided that she is pronounced by a medical board to be physically fit for further service and is reported on satisfactorily at the end of each term and subject to her re engagement being finally approved by the Government of India

51 Retirement —The age for compulsory retirement for all ranks is 55 years. See also Pension Regulations, India

51-A Leave.—The leave rules of the Indian Military Nursing Service will be as follows —

(i) Casual leave as laid down in paragraph 875, Regulations for the Army in India

(ii) Privilege leave as laid down in paragraph 880 and 880 A, Regulations for the Army in India

(iii) Leave on recommendation of medical board —

(a) On account of a disability due neither to field service nor to ordinary military service, 30 days on full pay, in addition to any privilege leave due

(b) On account of a disability caused by ordinary military service, 60 days on full pay, in addition to any privilege leave due

(c) On account of a disability directly attributable to field service, 90 days on full pay, in addition to any privilege leave due

(iv) Leave on two thirds pay, up to a maximum of 90 days, may be granted in extension of the leave in (iii) above, on the recommendation of a medical board

(v) Leave without pay, up to a maximum of 90 days, may be granted in extension of the leave in (iv) above on the recommendation of a medical board provided there is a reasonable prospect of the nurse being fit to resume full duty on its expiration.

(vi) The following periods of leave on full pay will be admissible on the recommendation of a medical board to lady nurses who have completed 6 years' service in the I M.N S in lieu of the leave on full pay on the recommendation of a medical board admissible under (iii) above

	Disability due to ordinary military service	Disability not due to service	Disability due to field service
Period of leave on recommendation of medical board on full pay	180 days.	90 days	270 days.

When privilege leave is due, the period of such leave will be included in the period of leave shown in the above table

NOTE I —Leave without pay will not count as service for gratuity or service, for annual uniform allowance

NOTE II —m.c leave counts from the day of being struck off duty and includes any period spent sick in hospital after being struck off duty

(iii) Matrons of Family Hospitals

52 **Conditions of service and engagement** —A certain number of nurses trained in maternity work may be engaged under the terms laid down in Appendix II B for duty in military family hospitals, see also Appendix I

53 **Leave** —The leave admissible to Hospital Matrons is—

Privilege leave on full pay for 30 days annually This leave may be accumulated up to 90 days in accordance with the rule in paragraph 880 A of Regulations for the Army in India 60 days privilege leave on full pay may be granted annually to the matron serving at Bannu subject to the limitation of accumulated privilege leave up to 90 days

54 **Dress** —Matrons of family hospitals will be required to maintain the following articles of dress —

Dress caps, belts	6 of each
Aprons and collars	12 of each

The articles should be plain white and of ordinary nurses pattern.

55 **Assistant matrons** —May be engaged on rates of pay laid down in Pay and Allowance Regulations Part I, paragraph 45

(d) The Indian Medical Department

56 **General** —The I M D is recruited and trained in India primarily for duty in connection with the care of the health of the Army in India and also in certain civil appointments

The D G I M S is responsible for the recruiting of members of the I M D, their professional training prior to admission to the department, and for their grading and promotion in the department

57 **Composition** —The I M D is composed of two branches —

(a) The Assistant Surgeon branch for duty ordinarily with British troops of the Army in India

(b) The Sub Assistant Surgeon branch, for duty ordinarily with the Indian Army

58 **Rules governing admission to the Department** —The rules governing admission to the Department the preliminary professional training and the conditions of service are published from time to time as regards—

(i) the Assistant Surgeon Branch in memoranda issued from time to time by the D G I M S

Candidates must be Europeans or members of Domiciled Community

NOTE —Indian Jews Goans and other Indian christians are not eligible for admission

(ii) the Sub Assistant Surgeon Branch in memoranda issued from time to time with the approval of the D G , I M S on behalf of the Government of India, by Principals of the Medical Schools at which Indian military pupils are trained

Candidates must be natives of British India

Members of the Department are eligible for civil employment under the Civil Departments of the Government of India, Provincial Governments in certain African colonies and in Iraq and Aden Whilst so employed, they remain liable to recall to military duty, except those Sub Assistant Surgeons serving with the Frontier Militia and Levy Corps, and those seconded for service in African colonies, Iraq and Aden

59 Establishments of the I.M.D —(1) The establishment of the Assistant Surgeon branch of the I M D is the number required and sanctioned for duty in —

(a) military appointments—in military hospitals and military dispensaries and with staffs, corps and departments etc , of the Army in India with a reserve of 20 per cent.

(b) miscellaneous military appointments with a reserve of 15 per cent.

(c) civil appointments with provincial governments civil departments and miscellaneous with a reserve of 15 per cent

Civil departments provincial governments etc , may employ as many assistant surgeons of the I M D as they require and can be made available These will be supernumerary to the establishment shown under (a) and (b) and will be seconded They will not be transferred back to military duty unless their services are required by the C in C or unless their services are no longer required by the departments or governments employing them

(2) The establishment of the Sub Assistant Surgeon branch is the number required and sanctioned for duty in —

(a) military and cantonment appointments—in Indian military hospitals, cantonment hospitals military dispensaries and with staffs corps and departments etc of the Army in India with the authorised reserve of 25 per cent

(b) miscellaneous military appointments with a reserve of 25 per cent

(c) certain civil appointments—Baluchistan Agency, Foreign Department, Survey Department, Andamans Commission, and miscellaneous with the authorised reserve of 25 per cent

Military S A Ss employed in civil appointments will be supernumerary to the establishment shown under (a) and (b) and will be seconded, they will not be transferred to military duty unless their services are required by the C in C or unless their services are no longer required by the departments employing them

NOTE —The term miscellaneous military appointments means military appointments to which members of the I M D are nominated by the D G I M S

59-A Grading —(i) The grades of Assistant Surgeons are —

(a) *Warrant officers—*

Assistant Surgeon, 4th class " " 3rd "	Ranking as Sub Conductors
" " 2nd " " " 1st "	Ranking as Conductors

(b) *Departmental officers—*

Senior Assistant Surgeons with the rank of Lieut

" " " " " Captain.

" " " " " Major

(ii) The grades of Sub Assistant Surgeons are —

(a) Indian Warrant Officers

(b) Indian officers with the rank of Jemadar Subedar and Subedar-Major

Official numbers will be assigned to Sub Assistant Surgeons

The number of Senior Assistant Surgeons is calculated at 10 per cent. of the total military strength of the cadre

The number of senior Sub Assistant Surgeons, i e, subedars and subedar majors is 10 per cent of the total strength of Sub Assistant Surgeons

59-B Service for promotion —Service for promotion counts from the date of appointment of members of the I M D to the Department as notified in the Gazette of India Periods spent on leave without pay will not count towards service for promotion

Assistant Surgeons and Sub Assistant Surgeons of the I M D, if eligible and recommended, will be promoted as follows —

(i) *Assistant Surgeons—*

Assistant Surgeons 4th class to 3rd class	After 7 years service in the 4th class
Assistant Surgeons 3rd class to 2nd class	After 5 years service in the 3rd class subject to having passed the prescribed examination before 12 years service
Assistant Surgeons 2nd class to 1st class	After 5 years service in the 2nd class
Assistant Surgeons 1st class to the grade of Senior Assistant Surgeon with the rank of Lieut Lieut to the grade of Senior Assistant Surgeon with the rank of Captain.	By selection to fill vacancies in the senior grades from those in military and civil employment
Captains to Senior Assistant Surgeon with the rank of Major	After 3 years service in the rank of Captain

NOTE (i) —Those in civil employ promoted will be supernumerary to the establishment of Senior Assistant Surgeons for the military department

NOTE (ii) —A Senior Assistant Surgeon of the I M D in civil employ who is reverted to military owing to a local government or other employing authority being unable, for reasons of economy to find suitable employment for him will be treated supernumerary in the senior grade until he becomes non-effective

(ii) *Sub Assistant Surgeons*—

Indian Warrant Officer to the rank of Jemadar .	After 5 years service in the warrant grade subject to passing the prescribed examination
Jemadar to Jemadar above the efficiency bar at 10 years total service	After passing the prescribed examination
Jemadar above the efficiency bar to Subedar	By selection from among those in military and civil employ to fill vacancies in these ranks
Subedar to Subedar Major	

NOTE —In exceptional cases of meritorious service sub assistant surgeons who have completed at least five years service in the rank of subedar or in the ranks of subedar and subedar major may be granted the honorary rank of assistant surgeon

60. Honorary King's Commissions — A certain number of Honorary King's Commissions as Lieutenants and Captains are granted to selected Sub Assistant Surgeons holding the rank of subedar major or subedar who have rendered distinguished service, provided they have been specially recommended for appointment to Honorary King's Commissions The conditions governing the grant of these commissions are set forth in Appendix III A

61 Special and accelerated promotion.—The rules governing special promotion for good service in the field or for distinguished service in peace are as laid down in Regulations for the Army in India, Appendix XXVII paragraphs 10 and 11

62 Departmental examinations for promotion —Promotion will be withheld until all subjects of the prescribed examination have been passed, and neither absence on field service nor any other excuse for failure to pass will be accepted

(i) **Assistant Surgeons' Branch**—An Assistant Surgeon before being eligible for promotion from the 3rd class to the 2nd class (on completion of 12 years total service in the Department) must have passed the prescribed examination, the conditions of which are detailed in Appendix III

(ii) **Sub-Assistant Surgeons' Branch**—A Sub Assistant Surgeon before being eligible for promotion to the rank of jemadar and, in the rank of jemadar above the efficiency bar at 10 years total service, must have passed the prescribed examination the conditions of which are detailed in Appendix III

63 Exemption of members of the I M D from Departmental examinations for promotion —An Assistant Surgeon who as the result of study leave obtains professional qualifications which the D G, I M S accepts as a satisfactory equivalent may be exempted from appearance at his next departmental examination for promotion

An assistant or sub assistant surgeon who obtains the Diploma of the School of Tropical Medicine and Hygiene Calcutta will be exempted from passing his departmental examination for promotion.

64 **Re-examination of a Sub-Assistant Surgeon restored to his former class after removal from that class.**—A sub-assistant surgeon degraded by sentence of a court martial will, if restored to his former class, be re-examined if he passed more than two years before his restoration. If not previously qualified he may be examined at the same time as the sub-assistant surgeon immediately above him.

65 **Removal from the service.**—(i) Assistant Surgeons are liable to discharge from the service at any time under the orders of the Government of India should their services be no longer required.

(ii) Indian military students—Sub-Assistant Surgeon branch—may be released from the service by the D.G., I.M.S. after qualifying for admission to the service if there are no vacancies in the department.

(iii) Sub-Assistant Surgeons may be discharged from the service under rule 13, Indian Army Act.

66. **Removal of junior members from the Department.**—If the retention of a member of the I.M.D. of less than three years' service is stated in his annual confidential report to be undesirable and unlikely to be advantageous to the State, he may after due enquiry be discharged without enforcement of the penalty prescribed in para. 67.

67 **Resignation and Penalty on resignation.**—Applications to resign the service from members of the I.M.D. with less than three years' service or seven years for those who entered a medical college after June 1921 in the case of assistant surgeons, and with less than seven years' service in the case of sub-assistant surgeons, will only be considered if the applicant is prepared to refund Rs. 3,000 if an assistant surgeon or Rs. 1,000 if a sub-assistant surgeon; nor will the applicant be permitted to leave the service until he has paid the penalty.

This penalty will not be recovered in the case of a member of the I.M.D. discharged from the service for reasons of discipline, inefficiency or general unsuitability.

68. **Transfers to and from civil employment.**—Transfers of members of the I.M.D. from military to civil employment and vice versa will be arranged between the D.M.S. in India and the D.G., I.M.S.

69 **Temporary civil duty.**—Members of the Sub-Assistant Surgeon Branch of the I.M.D. who entered the service after 1st August 1894 are liable for temporary civil duty in any department or province.

70 **Exchanges.**—Exchanges between members of the I.M.D. and civil assistant and sub-assistant surgeons are not permitted.

71. **Civil Sub-Assistant Surgeons.**—Civil Sub-Assistant Surgeons recruited and employed by Provincial Governments are distinct from the members of the Sub-Assistant Surgeon Branch of the I.M.D.

They are liable during the first ten years of their service, for temporary military duty in India both within and without their own provinces if engaged after 12th January 1887 and anywhere in or out of India if engaged after 31st August 1920. While so employed they will receive military rank and pay according to their length of

service, but the rates of pay will in no case be less than their civil pay While drawing rates of pay not in excess of those admissible to military S.A.Ss. of the same grade, they shall be granted both compensation for dearness of food and clothing allowance under the rules applicable to the latter Examinations passed while in military employ will not absolve them from passing the tests to which they are ordinarily subject, unless it is certified that the tests are equivalent.

72. **Retirement and half pay** —Members of the I M D are compulsorily retired on attaining the age of 55 years

The rules governing their resignations, retirement, invaliding are as detailed in Pension Regulations, India See also paragraph 67 of these Regulations.

73. **Re-employment** —Superannuated members of the I M D may, in the event of their services being required, be re employed on such terms as may be specially laid down.

74 **Granting of school certificates and Diplomas** —(a) Assistant Surgeons will be granted their diplomas on being gazetted into the Department

Certificates of attendance at lectures at medical colleges in India may be issued to members of the I M D under the following conditions —

(i) Assistant Surgeons on study leave may be granted the certificates free of charge with the proviso that subsequent resignations before ten years approved service will only be permitted on payment of the cost of the course

(ii) In the event of the certificates being granted to an assistant surgeon on study leave during the first three years (seven years in the case of one who entered the college after June 1920) of his service, and resignation taking place before the end of three or seven years, as the case may be, the cost of the certificates shall be added to the fine of Rs 3 000 prescribed in the declaration made on appointment

(iii) Assistant Surgeons retired on pension and those permitted to resign before qualifying for pension but after ten years approved service shall not be charged for the certificates

(iv) No recoveries on account of the cost of certificates will be made from assistant surgeons who entered a medical college before September 1908

(b) The diploma of a Sub Assistant Surgeon will be retained by the D G, I M S and issued to him on retirement resignation or discharge from the service for any reason

In the event of his dismissal or discharge for inefficiency or other reasons the D G, I M S will immediately inform the Provincial Medical Council who granted the diploma of the facts relating to his discharge or dismissal from the service

75 Tour of service in commands —The duration of service in a command is normally five years.

The duration of service in the following places is as shown —

(i) In the Burma District is 4 years extendable by periods of one year to five years

(ii) Sub Assistant Surgeons in Baluchistan District three years extendable to five

(iii) Sub Assistant Surgeons in Iraq Persian Gulf Ports and China two years extendable by period of one year

On termination of the specified tours of service, applications for transfer will be considered subject to the exigencies of the service

76 Discipline —Assistant Surgeons of the I M D are subject to the Army Act

Sub Assistant Surgeons of the I M D are subject to the Indian Army Act they are so subject from the time they join for training as Indian military students.

The leave of a warrant officer of the Sub Assistant Surgeon branch of the I M D may be stopped or his advancement to a higher class retarded as a disciplinary measure to the extent herein specified by order of the undermentioned authorities —

(i) stoppages of advancement to a higher class for a period not exceeding one year by award of the D M S or the D G, I M S in the case of men serving under his orders

(ii) stoppages of leave by award of the A D M S under whom he is serving

77 Leave —Assistant Surgeons —Assistant Surgeons obtain leave in accordance with Regulations for the Army in India paragraphs 914 916 Combined leave is admissible under Regulations for the Army in India para 871

Extension of leave beyond two years absence from duty will only be admissible in very special cases and will be without pay The periods of leave without pay will not count as service for promotion

78 Study leave —Assistant Surgeons —Assistant Surgeons of the I M D may be granted study leave under the rules contained in Appendix IV B

79 Leave —Sub-Assistant Surgeons —Sub Assistant Surgeons may be granted leave as follows —

(i) Short leave at any time for 10 days on full pay by the A D M S

(ii) Leave on full pay for 60 days annually by the brigade or brigade area commander

(iii) Leave on full pay for 3 months by the brigade or brigade area commander in lieu of the 60 days mentioned in (ii) above when ordered overseas for duty with troops before embarkation and a similar period on return to India

(iv) Leave on ½ salary (pay of grade and compensation for quarters when the individual elects not to retain his quarters) for 12 months (or 18 months if invalided on account of active service or exceptional work) whether on p a or m c for each five years service by the district commander

(v) Leave on full pay for three months by the brigade or brigade area commander in lieu of the sixty days mentioned in (ii) above, when ordered for duty with troops in Chitral, before proceeding to Chitral and a similar period on return to the normal station. During service in Chitral, leave on ½ salary may be given in special circumstances on medical grounds or private affairs by the district Commander

Any leave taken in excess of the above will not count towards promotion or pension

NOTE 1 —The Government of India may sanction leave on ¼th pay up to two years in cases where special circumstances exist which render the leave desirable

NOTE 2 —No study leave is admissible to S A Ss of the I M D They can, however be allowed to attend at their own expense the short or long course at the School of Tropical Medicine and Hygiene Calcutta provided they have requisite amount of leave at their credit.

(e) The Indian Hospital Corps

80 Constitution.—The I H C is organised for duty in hospitals for British and Indian troops and their families, and in field medical units when mobilized

The Corps is divided into ten companies designated Nos 1 to 10 The location of the headquarters of each company is shown in column 2 hereunder

Each company is called upon in peace to furnish the personnel required for the British and Indian medical units of the districts and brigades as shown against it in column 3 hereunder —

Company	Location of Company Headquarters	Districts and brigades to which personnel are provided
1	2	3
No 1 Company	Peshawar	Peshawar District
No 2	Rawalpindi	Rawalpindi and Kohat Districts
No 3	Lahore Cantonment	Lahore and Waziristan Districts
No 4	Quetta	Baluchistan District Sind Independent Brigade Area and Zhob Independent Brigade Area
No 5	Mhow	Mhow District
No 6	Poona	Poona Independent Brigade Area and Deccan District (excluding Secunderabad Brigade) and Bombay District
No 7	Meerut	Meerut District and Delhi Independent Brigade Area
No 8	Lucknow	Presidency and Assam and Lucknow Districts
No 9	Secunderabad	Madras District and Secunderabad Brigade
No 10	Rangoon	Burma Independent District.

81. Organization.—Each company consists of four sections, viz. :—

(i) Company headquarters in which are included clerks and store-keepers.
(ii) Nursing section.
(iii) Ambulance section.
(iv) General section consisting of cooks, water carriers, ward servants, barbers, washermen and sweepers.

Each company is administered by the A.D.M.S., and is under the immediate command of an officer of the medical services who is, for purposes of discipline, training and finance, the commanding officer of the company. An assistant surgeon is appointed to the headquarters of each company to assist the O.C.

At the headquarters of each company there are :—

1 Subadar
1 Jemadar for duties of jemadar-adjutant (No. 10 company has no jemadar).
1 Havildar-Major

The duties of these ranks are analogous to those of similar ranks of an Indian infantry unit.

Educational establishments are provided on the following scale :—

No. 1 *to* 9 *companies*.—One English speaking schoolmaster and one pupil teacher with one extra pupil teacher for every thirty pupils over one hundred.
No. 10 *company*.—One English speaking schoolmaster.
Two physical training instructors are provided for each company.

Postings of officers, assistant surgeons and Indian officers are made by the D.M.S.

Each company, as far as possible, recruits for its own company in its own area, and the men normally serve in this area. Each company supplies the field medical units mobilised in its own area with personnel but personnel may be detailed, when necessary, for duty with field medical units mobilised in other areas or hospitals situated in other districts. All I.H.C. men serving in Burma should as far as possible be locally enlisted for continuous service in Burma. If enlisted in India they should be provided from and relieved by men from No. 9 Company I.H.C.

82. Transfers between Companies.—Transfers between companies for all sections of the I.H.C. can be arranged by district and independent brigade commanders in communication with each other.

83. Transfers from one section to another.—All I.H.C. men (except sweepers) may transfer from one section to another if found suitable in all respects.

84. Duration of service in Burma, and the N.W. Frontier.—

Burma 3 years but may be voluntarily extended for further periods of service.

N.W. Frontier 2 years.

85 Promotions—Promotions are made as follows to —

Indian officer by the Government of India on the recommendation of the company commander

Havildar major and havildar by the D M.S.

Lance-naik and naik by company commanders.

Promotion to the ranks of subadar and jemadar and to the appointment of havildar major are open to havildars of any section.

86 Recruitment.—(i) Recruitment for the corps is carried out by company commanders in conjunction with the recruiting officers concerned assistance being obtained from other company commanders, if necessary Normally recruitment is in the lowest grade and each man on first joining is posted to company headquarters for the necessary training.

(ii) Clerks, store keepers and men of the nursing and ambulance sections are enrolled and attested, those of the general section are enrolled only Enrolment and attestation are carried out on I.A.F. (Medical) 25

(iii) Men between 18 and 25 years of age and physically fit for the duties of the corps should be engaged locally, whenever possible but in special circumstances when all the men required cannot be so obtained companies may recruit in any convenient area Sweepers can only be admitted to the sweeper class. Men who have served before may be re enrolled provided they have previously borne a good character in the corps, and that their age does not exceed 35 years, if above that age, the sanction of the district commander is necessary

(iv) Men fulfilling the following requirements will be enrolled in the ambulance section —

(1) Height 5′ 5″ to 5′ 8″

(2) Minimum chest measurement—

(18 to 21 years) 32″

(21 to 25 years) 33″

(3) Physical fitness.—As for the Indian army but vision may be less acute

(4) Caste —(In the United Provinces)—

Bathma, Bot, Dhinwar, Dhuria, Gharuk, Goriya, Jaiswar (the Kahar and not the Kori or Rajput), Kamkar, Khawar, Mahar (the Kahar and not the Bombay Maher), Milla, Raikwar, Rawani Singhariya, Turai and others of the Hindu Kahar caste from whose hands other Hindus will drink.

(In the Punjab)—

Jinwar, Dhinwar, and Macchi (Hindu).

Endeavour must be made to enlist as far as possible men of the above castes, but recruits may be obtained from among all classes.

(except sweepers) other than those extensively enlisted for the combatant ranks of the Indian army Not less than 50 per cent will be Hindus of which 30 per cent will be Hindus of classes from which all other Hindus will accept water Castes of recruits for the nursing section will be the same as those enlisted for the combatant ranks of the Indian army including Gurkhas

87 Retention in the Corps.—In special cases the district commander may sanction the retention in the corps of men over 55 years of age

88 Administration.—Questions relating to the I H C will be disposed of as follows —

(a) Discipline (b) Desertions (c) Leave	In accordance with the orders applicable to enrolled persons contained in Regulations for the Army in India and Indian Army Act.
(d) Discharges, voluntary, for bad character and by invaliding (e) Advances of pay, pension or good conduct pay (f) Preparation and disposal of documents for corps purposes transfers, pensioners, etc (g) Disposal of property of non effectives (h) General conduct, complaints prison arrangements	Unless otherwise provided for, will be dealt with under the rules for the Indian Army

(i) Supply and upkeep of clothing and necessaries—as laid down in Clothing Regulations India

(j) All questions not specially provided for—under the orders of the district commander

89 Rations.—I Os , N C Os and men of the clerical, storekeepers, nursing and ambulance sections head cooks 1st grade and ward servants, 1st grade of the general section receive free rations on the combatant scale the remainder of the general section receive free rations on the followers scale

90 Clothing and Equipment—The scale of clothing and necessaries auhorised is laid down in Clothing Regulations India

When proceeding on leave or furlough personnel of the I H C may wear plain clothes. They may be allowed to take with them their personal clothing and necessaries and at the discretion of the O C Company any article of public clothing included in the ordinary peace scale

Until their return to duty equipment will be stored in the hospital to which they are attached for duty or at company headquarters if not so attached

91 Furlough and leave—Personnel, except those belonging to the general section are granted furlough and leave under the rules applicable to combatants of the Indian army Personnel of the general section are granted leave under the rules applicable to regimental followers.

Except casual leave which may be granted to all ranks by the officer under whom they are serving, all applications for furlough or leave must be submitted for disposal to the O C company concerned.

92 Corps Records.—The permanent records of the corps are :—

(a) Enrolment form [I A F (Medical) 25].

(b) Long roll

(c) Muster roll and pay list.

(d) Sheet roll

(e) Medical history sheet

(f) Order book.

93. Accommodation.—Free accommodation is provided at company headquarters and at all hospitals in accordance with the scale laid down in Regulations for M.E.S

2 ORGANIZATION

94 The organization of the Medical Services of the Army in India comprises—

(i) A Directorate of Medical Services at Army Headquarters. The head of the Directorate and of the Military Medical Services is the Director of Medical Services in India

(ii) Officers holding administrative appointments at headquarters of commands, districts and independent brigades and their staffs

Deputy Directors of Medical Services and Assistant Directors of Medical Services are administrative officers of commands and districts or independent brigades respectively

Assistant Directors of Hygiene and Pathology, Deputy Assistant Directors of Hygiene and Pathology, and Deputy Assistant Directors of Medical Services are executive officers appointed to assist the D Ds.M.S or A Ds M S. of headquarters formations

(iii) Officers appointed to command military hospitals and medical units.

(iv) Officers and personnel employed on executive duties in military hospitals and other military medical units

Executive officers of the medical services are appointed to the command of military hospitals and other medical units and are also employed on general medical duties.

3 APPOINTMENTS

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(d) Discharges, voluntary, for bad character and by invaliding (e) Advances of pay, pension or good conduct pay (f) Preparation and disposal of documents for corps purposes, transfers, pensioners, etc (g) Disposal of property of non effectives. (h) General conduct, complaints, prison arrangements	Unless otherwise provided for, will be dealt with under the rules for the Indian Army

(i) [illegible] —as laid down

the orders of

89 **Rations.**—I Os, N C Os and men of the clerical, storekeepers, nursing and ambulance sections, head cooks 1st grade and ward servants, 1st grade of the general section receive free rations on the combatant scale, the remainder of the general section receive free rations on the followers scale

90 **Clothing and Equipment**—The scale of clothing and necessaries authorised is laid down in Clothing Regulations, India

When proceeding on leave or furlough personnel of the I H C. may wear plain clothes. They may be allowed to take with them their personal clothing and necessaries and at the discretion of the O C Company any article of public clothing included in the ordinary peace scale

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Assistant Directors of Hygiene and Pathology Deputy Assistant Directors of Hygiene and Pathology and Deputy Assistant Directors of Medical Services are executive officers appointed to assist the D Ds M S or A Ds M S of headquarters formations

(iii) Officers appointed to command military hospitals and medical units

(iv) Officers and personnel employed on executive duties in military hospitals and other military medical units.

Executive officers of the medical services are appointed to the command of military hospitals and other medical units and are also employed on general medical duties

3 APPOINTMENTS

SECTION II.—DUTIES, ADMINISTRATIVE AND EXECUTIVE, OF THE MILITARY MEDICAL SERVICES.

I GENERAL DUTIES.

96. General duties of the Military Medical Services —The Military Medical Services of the Army in India are maintained, firstly, with a view to the prevention of disease, and secondly, for the care and treatment of the sick and wounded

97. Special duties —The officers are charged with—

(i) The duty of recommending to general and other officers commanding, verbally or in writing, any precautionary or remedial measures relating to stations, garrisons, barracks, hospitals, movements, food, transports, encampments, billets, bivouacs, dress, physical training, drills, duties and all other matters which may, in their opinion, conduce to the preservation of the health of the troops and the mitigation or prevention of disease in the army

(ii) The professional treatment and care of the sick and wounded, the administration of military hospitals, the provision and replenishment of medical equipment and the preparation of medical statistics

(iii) Command of all ranks who are patients in military hospitals or are on the sick list under their professional care in quarters or elsewhere and over such officers of any corps as may be attached for duty to or specially placed under their command.

(iv) The training of the R A M C and I H C.

(v) Determining of the physical fitness of candidates for commissions in the army, of recruits and of others prior to entering military service and examining and reporting upon the health of officers, soldiers and others in military service as may be necessary

98 Prohibition regarding the giving of private health certificates, information, advice, etc —Officers and members of the I M D are prohibited from giving—

(i) Private certificates to individual officers, soldiers or civilians, or to their relatives or friends, on questions connected with their health which may have to be adjudicated on by medical boards or other official authority

[(ii) Advice or assistance to public companies or private individuals on subjects connected with their official duties

(iii) Certificates or testimonials to the patentee or vendor of any invention whatsoever.

99 Private practice —Executive officers of the R A M C, I M S and A D Corps and members of the I M D may attend persons unconnected with Government service, provided such attendance does not interfere with their official duties

100 Recommendation for a change of station on account of ill-health.—Officers are prohibited from recommending a change of sta [illegible] in [illegible] are [illegible] prc [illegible] station may not suit his constitution

101 Temporary additional civil or military duties —Officers in military or civil employment may be assigned temporary civil or military duties respectively, as an extra charge, with the concurrence of the central or local government and of the district or brigade commander concerned.

This sanction will hold good in the case of a relief posted in place of the officer originally nominated to perform these extra duties

102 Instruction of juniors in their duties —Junior officers, members of the I M D and other medical personnel will be instructed by their seniors when preparing for promotion examinations and in their duties in peace establishments and on field service They will when necessary or practicable be detailed for duty with troops on field days and at camps of exercise and manœuvres

103 Attendance on the sick —Officers of the medical services and members of the I M D are required to attend without delay to sick calls from any persons entitled to medical attendance and others in cases of emergency, taking such subsequent action as may be suitable with regard to those not in their official charge In exceptional cases medicines for persons not in government service may be prescribed from public stores.

2 ADMINISTRATIVE DUTIES

104 The D M S in India —The D M S is the responsible technical adviser of the C in C on all matters of health affecting the Army in India In that capacity, he will have the right of direct access to the C in C who may consult the D M S whenever he wishes to ascertain his views first hand on professional matters. The D M S on behalf of the A G will issue the orders of the C in C to G Os C in C commands, and to district and brigade commanders and will decide all technical questions pertaining to the medical services submitted to A H Q that do not require reference to the Government of India He will be responsible for the preparation of all vital statistics relating to the Army in India He is charged with the distribution and allotment, to the various commands, districts, and independent brigades, of the entire personnel of the M M S that is at the disposal of the C in C He will inspect such stations and portions of the M M S as he considers necessary.

In all departmental matters relating to the R A M C and A D Corps and Q A I M N S he is subject to the authority of the D G, A M S He will refer departmental matters relating to the I M S and I M D to the D G, I M S See also Appendix XXIX, Regulations for the Army in India

Duties of Deputy Directors of Medical Services, Commands

105 General—(i) The D D M S of a command is appointed to the Headquarters of a command as the responsible technical adviser of the G O C in Chief on all medical matters and all questions affecting the health of the troops He will keep the G O C in Chief informed of all such matters

(ii) He will control and administer all medical establishments allotted to the command and will issue on behalf of the G O C in Chief such orders as may be necessary in connection therewith He will also control and administer the personnel of the A D Corps within the command

(iii) He will exercise a general supervision over the sanitary condition of all parts of each garrison, camp or station in the command and will keep himself informed of the incidence of disease, especially epidemic disease, among troops in the command and among the civil communities of localities in or near which troops are stationed He will make such recommendations or cause such steps to be taken, as circumstances may require, for the prevention and mitigation of disease among troops

(iv) He will exercise close supervision over invaliding and will critically examine all documents before approving the proceedings of medical boards

106 Inspections—He will periodically make or cause to be made a thorough inspection of all stations, camps, hospitals, laboratories, barracks and other buildings at each station in the command where troops are quartered He will also make such other inspections as may appear necessary, or as may be specially ordered

He will submit the date of any proposed inspection to the G O C in Chief for approval and publication in orders

107 Inspection Reports—He will report to the G O C in Chief

108 Newly arrived units and drafts—(a) He will arrange for the following procedure in the case of all British units and drafts arriving from overseas —

(1) Preliminary medical examination by an officer specially detailed for this duty

(2) Inspection by the O C, B M H concerned

(3) Submission of I A F M 1194

(4) Holding of a medical board on all men reported as permanently unfit for general service, with a view to determining whether they should be invalided, or retained as fit for garrison duty in India

(b He will arrange that officers of the Medical Services with Indian experience give lectures on the preservation of health to all officers and men of newly arrived units and drafts

109 Military Engineering Services necessary on hygienic grounds— The D D M S command will prepare in consultation with the C E, a list of military engineering services required in the command area for the maintenance of the health of the troops and their families arranged according to their relative urgency Prior to the consideration and preparation at command headquarters of the schedule of demands for new works to be submitted annually to A H Q, he will submit the list, accompanied by such remarks as he wishes to make to the D A and Q M G command After the schedule of demands has been submitted to A H Q he will forward a copy of the list to the D M S with a note showing what items have been included in the schedule of demands

110 Schemes for improvement of hygienic conditions, reports of progress—He will keep A H Q informed through the G O C in Chief, of the progress of important schemes for improvement of sanitation and hygiene in the command These reports should be framed in close co-operation with the C E

Duties of Assistant Directors of Medical Services, Districts and Independent Brigades

111 General—An A D M S is appointed to the headquarters of a District or independent brigade as the responsible adviser of the G O C or Independent Brigade Commander He will be guided in the performance of his duties by the foregoing paragraphs

112 Special duties—(i) He will inspect every medical unit under his administration annually, to ascertain that they are administered in conformity with the regulations that the patients in hospitals are properly cared for and that while due economy is observed every thing necessary for the scientific treatment of the sick is supplied

(ii) He will arrange for a strict inspection of the mobilization medical equipment of field medical units in his district or brigade twice a year and report (I A F I 1144) on its condition and readiness for service one of these inspections will be made personally by the A D M S In the case of general hospitals the inspection of M E S and Ordnance equipment will be carried out once a year in conjunction with the local M E S and I A O C officer *vide* part I, paragraph 224, Regulations for Equipment of the Army in India (1927)

(iii) He will arrange for the inspection once a year of first field dressings on charge of hospitals and for samples of these to be examined

122 **Inspections**—He will take steps to keep himself informed on all matters relating to the health of the troops and military families He will make systematic inspections to ascertain the hygienic conditions obtaining in all localities in military occupation and will report accordingly

123 **Diary**—To ensure continuity of policy and for purposes of record he will keep a diary in I A F Z 2068 in which all inspections made and work undertaken during the year will be entered.

124 **Inquiries concerning disease**—He will enquire into the origin, cause and distribution of diseases in the command, and will ascertain the extent to which these diseases are dependent on preventable causes He will keep himself acquainted with the medical and surgical work of hospitals and will ensure that the fullest use is made of the pathology services both in diagnosis and in treatment

125 **Register of infectious diseases**—He will keep a register of infectious diseases, entering therein particulars of all cases notified.

126 **Action on the occurrence of infectious disease**—On the occurrence of any serious outbreak of infectious disease, he will without delay make investigation and, if necessary, visit the locality of the outbreak, and in conjunction with medical officers and civil authorities concerned, enquire into the causes and circumstances and advise as to preventive measures

127 **Schemes relating to buildings, water supply, etc.**—He will advise the D D M S and confer with the C E, on the sanitary details connected with all schemes relating to buildings, water supply, drainage, sewage disposal, etc, including both new works and alterations, he will keep himself informed regarding the progress of the work in its sanitary bearing

128 **Statistics**—He will maintain the health statistics, charts and records of troops in the command, and will carefully scrutinize all health returns, medical case sheets, documents and reports submitted to the D D M S

129 **Military families' welfare**—He will supervise all matters relating to the welfare of families and the physical condition of school children (See A I C 319, Schedule of medical inspections)

130 **Instruction in hygiene**—He will ensure that such courses of instruction of troops in hygiene are carried out as may be necessary, and will encourage in every way the diffusion of a knowledge of practical hygiene among officers and men

131 **Inoculations, etc**—He will keep himself informed as to the preventive inoculation and vaccination state of units and families

132 **Laboratories**—As A D P, he will supervise and co ordinate the work of all laboratories in the command carrying out such inspections as may be considered necessary

133 **Use of sera and vaccines**—He will advise the D D M S on all matters relating to the preventive or therapeutic application of sera and vaccines.

134 Annual Report—He will prepare an annual report giving a resume of the health statistics for the year, and of the sanitary and pathological work carried out during the year

The report will be based on the reports and returns of districts and independent brigade areas and will be submitted to the D D M S for transmission to A H Q It should be despatched so as to reach A H Q not later than 31st March

Duties of Deputy Assistant Directors of Hygiene and Deputy Assistant Directors of Pathology.

135 Duties of D A Ds of H—A Deputy Assistant Director of Hygiene will assist and advise the A D M S to whose headquarters he is appointed in all matters relating to the prevention of disease and the preservation of the health of the troops in the district or independent brigade He will therefore keep himself informed of the state of the health of the troops and the sanitary conditions pertaining in all stations in the district or brigade area

He will be guided in the performance of his duties by paras 120 to 134 in so far as applicable

136 Duties of D A Ds of P—A Deputy Assistant Director of Pathology will assist and advise the A D M S to whose headquarters he is appointed in all matters relating to pathology, bacteriology and the laboratory diagnosis of disease

He will have charge of the district laboratory, will supervise the technique and laboratory methods employed in brigade laboratories and the clinical side rooms of hospitals and be responsible that the subordinate staffs of laboratories in the district are trained in modern laboratory methods

He will hold annual classes at the district laboratory for the training of assistant and sub assistant surgeons in laboratory work in order that sufficient trained laboratory staffs may be available as required Only where exceptional pressure of work is thrown on the rest of the staff will the D A D P be called on to assist in carrying out the executive duties of the hospital at which his laboratory is located.

He will peruse and sign and bring to notice any points requiring comment by the A D M S in medical case sheets A F. I 3056 etc

Officers in charge of brigade laboratories

137 Appointment and duties—Officers in charge of brigade laboratories are nominated by the D M S in India (*vide* Appendix I)

They will carry out bacteriological work and laboratory tests requiring special skill or apparatus and will keep in touch with the D A D P of the district in all matters affecting their work and laboratories They will also be available for ordinary hospital duty

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Duties of executive officers of the Military Medical Services

Duties of the officer commanding a military hospital

138 General duties —The O C hospital is responsible for all the duties connected with his unit and for their proper distribution, he will exercise a general supervision over all the sick in hospital and is responsible that the capabilities of the personnel and the resources of the hospital generally are fully and properly applied to the care and comfort of patients

He will keep himself informed of the work of officers nominated by him to medical charge of units and of all matters affecting the state of health and general sanitary condition of those units whose sick are admitted to his hospital Attention is directed to the orders contained in Regulations for the Army in India Chapter X, Section 7, relating to the duties of medical officers

139 Organization and Equipment —He will satisfy himself that the hospital is organised in accordance with the regulations, and will be responsible for buildings, equipment stores and supplies

140 Inspection of hospital premises.—(i) He will periodically inspect the hospital buildings quarters and enclosures and he will inform the M E Services of repairs etc , which require to be carried out

(ii) He will submit demands for new works required to the O C station in accordance with paragraph 27, Regulations for the Military Engineering Services (1926)

(iii) He will inspect the vicinity of the hospital periodically and take steps to ensure its being maintained in a sanitary condition.

141 [illegible]

dence with regulations and that undue accumulation of stores and equipment does not take place

He or an officer detailed by him will periodically check and inspect all equipment and stores He will satisfy himself that at the end of each month the balances of rations and expendable articles in charge of the storekeeper are correct. (See also Section VII)

142 Books and records —He will inspect all hospital books and records to see that they are properly kept and will satisfy himself that all reports returns and vouchers are duly and correctly rendered. (See also Section VIII)

143 Books on charge —He is responsible that the books of regulations etc , detailed in Appendix XII B are on charge and that they are kept up to date and in good condition *vide* Regulations for the Army in India, para 800 A

144 Hospital orders —He will issue such orders as may be necessary for the carrying out of all hospital duties and for the maintenance of regularity and discipline within the hospital

145. X-ray apparatus.—He is responsible that no one, unless duly qualified or possessing adequate knowledge of radiography, is allowed to use the X-ray apparatus or to give orders regarding the length of exposure

146 Employment of patients—He is authorised to employ on light hospital duties, without pay, such patients as he may consider able to assist the hospital establishment.

147 Regimental nursing orderlies and sick attendants.—(i) Trained regimental nursing orderlies from British infantry units may be employed on nursing duties in British Military Hospitals in order to relieve any shortage of R.A.M.C. other ranks, and also in hospitals to which no R.A.M.C. other ranks are attached The number to be employed will be the minimum consistent with efficiency. These trained nursing orderlies will be furnished on application to the station or unit commander

In addition to the above, soldiers of British infantry units are attached to B.M.Hs. for training in nursing duties for a period of six months at the end of which they are examined and those who qualify are awarded I.A.F. X 1843 The numbers to be trained are communicated to commands by the Adjutant General in India (*vide* para. 441, Regulations for the Army in India)

(ii) A private soldier or follower of an Indian unit may be employed as a sick attendant on a patient in an Indian military hospital belonging to the same unit, and who is seriously ill Such sick attendants will be furnished on the authority of the station or unit commander (*vide* para 442, Regulations for the Army in India)

148 Orderly officer—He will, when necessary, detail an orderly medical officer

149 Hours of attendance at hospital.—He will maintain a time table of the hours of attendance of the hospital staff during the hot weather and the cold weather He will cause to be published in station orders such details of the hours of attendance as may be necessary for the information of units in the station.

150 Conveyance of sick to hospital—He will arrange when and where necessary for the conveyance to hospital of the sick of units requiring admission to or detention in his hospital

151. Disposal of sick on arrival at hospital—The O C the hospital or an officer detailed by him will examine, as soon as possible, all men sent to hospital and allot them to wards

He will ensure that each patient is dealt with subsequently in accordance with regulations and any special orders that may apply to the case

He will see all detained patients daily.

152 Discharge of patients from hospital.—The O C hospital will see all patients for discharge on the day of their discharge from hospital He will, on the day previous to, or as early as possible on the day of discharge notify the names of men for discharge to the O.C. unit concerned. Patients will be discharged in the evening.

153. Admissions and discharges to be notified to O C units.—The O C hospital will notify Os. C units concerned on A F B 256 or on A F A 27 the dates of admission and discharges of all men of their units admitted to hospital (See also para 206)

This information should be rendered on the units A F B 256 (of the day) in those cases in which the sick are seen at the hospital or on A F A 27 in those cases in which the sick are seen at the M I room at a distance from the hospital It is left to the O C hospital to use the method which is best suited to local conditions

154 Reports of death.—In the case of officers, soldiers and followers who die in military hospitals or whose bodies after death are brought to the hospital mortuary, the death will be reported at once on A.F A 27 by the O C hospital to the O C unit concerned and to the O C. station. He will inform the O C unit the hour and date after which interment or disposal of the body by other means may take place In the case of British troops he will also forward this information to the chaplain of the denomination to which the deceased belonged (See also para. 277, Regulations for the Army in India I A.F Z 2000 and Appendix XI of these Regulations)

155. Medical case sheets.—The medical case sheets of all cases who die in hospital or which are of special professional interest will be forwarded to the A D M S for information and return

Before forwarding such documents the O C hospital will satisfy himself that medical case sheets A.F I 1237 give a true account of the case and its course and treatment and that they are in original and accompanied by clinical charts and laboratory reports (if any) He will sign medical case sheets before forwarding them to the A D M.S

156 Autopsies—*Post mortem* examination of fatal cases will be made for medico legal purposes, or for the elucidation of some important and obscure illness in cases where the relatives or the commanding officer do not object

157 Death certificates.—Os.C., B.M.Hs. and I M Hs. will complete and forward A F B 2090 or I A.F A-393 to the O C. unit concerned in the case of a death of British or Indian soldier respectively

The information given in copies of death certificates furnished to relatives of deceased officers or other ranks will be confined strictly to an explicit report of the pertinent medical facts, anything which may tend to prejudice a decision as to the relation between the cause of death and service conditions should be omitted

158 Seriously and dangerously ill and insane patients.—He will at once inform the O C unit concerned by letter or by telegram if necessary when an officer or soldier (*a*) becomes seriously or dangerously ill (*b*) is certified to be insane In the case of British troops under category (*a*) he will also inform the chaplain of the denomination to which the patient belongs. Any changes in the patient s condition will also be notified from time to time The form for these reports is A F A 21 A In the case of R.A.F personnel the

notification will be sent to the O C unit concerned and daily progress reports will be submitted (*Vide* I A F Z 2000 and Appendix XI of these regulations.)

159 **Soldiers admitted for injuries.**—The O C hospital will ensure that a report to the O C unit concerned is made on A F. B 117 as soon as possible after the date on which an officer or soldier has been placed on the sick list, whether in quarters or in hospital, in consequence of having become maimed, mutilated, or injured (except by wounds received in action), whether on or off duty, in order that a court of inquiry may, if necessary, be assembled (*vide* Regulations for the Army in India, para. 439)

160 **Infectious Disease**—On the occurrence of cases of infectious disease among the troops whose sick are admitted to his hospital or their families he will take action as detailed in Section XI

161 **Management of cases of mental disability and their disposal**—The rules governing the management and disposal of cases of mental disease are detailed in Section IX

162 **Daily state of sick (A F A-27)**—The O C a military hospital will forward A.F A 27 (Morning state of sick) to the O C station and the A D M.S concerned daily, bi weekly or weekly as may be directed by the A.D M.S

The reverse of A.F A 27 may be used, *vide* the note thereon, by the O C hospital to communicate to O C units the names of men admitted, discharged, etc, from the hospital (*vide* para 153)

163 **Transfer of sick.**—If an O C hospital wishes to transfer a patient to another hospital he will first apply giving a short statement of the case to his A D M S for permission to do so

Before a patient is transferred to another hospital he will ascertain that accommodation is available, and if so, will give not less than 24 hours' notice of the patient's arrival The patient s medical history sheet and his medical case sheet completed to date will accompany him. In the medical history sheet the word "transferred", with date will be inserted in the column for discharge

164 **Sick to be retained until recovered**—When a unit or detachment leaves the station the O C hospital will retain such sick belonging to it as are under treatment in the hospital until they are sufficiently recovered to rejoin their unit

165 **Consultation with specialists**—On the occurrence of any serious or unusual case of illness or injury the O C hospital will, if he considers it necessary, arrange for a consultation with any specialist in military employ who is qualified to advise on the case in accordance with the rules governing the movement of specialists, contained in Passage Regulations, India

When applying for the services of a mental specialist the medical case sheet and A F B 183 will be forwarded.

166 **Medicines for persons entitled to medical attendance.**—He will be responsible that such medicines and surgical materials as

usually supplied from the public store and are ordered for those allowed medical attendance in the station are available and supplied from the dispensary of the hospital He will also be responsible that the outdoor prescriptions as copied into I A F Z 2068 agree with the prescriptions filed by the dispenser He will arrange for the dispensing of prescriptions and the issue of medicines, etc, at fixed hours to suit the convenience of those concerned In cases of urgency medicines etc, will be supplied at any time in such cases the prescriptions must be marked ' urgent by the officer prescribing the medicines

167 **Patients' diets and extras.**—The O C hospital will inspect patients diet sheets to ascertain that the diets are appropriate and that unnecessary ' extras are not ordered.

He will take such steps as he considers necessary to check the issue of and the returns accounting for, diets and extras (See also Section VI)

168 **Hours for visitors and passes for patients**—Visitors will be permitted to see patients in hospital at such hours as may be authorised by the O C hospital A visitor will see the sister or orderly in charge of the ward before entering the ward

He may at his discretion grant permission to a patient to be absent from hospital —

(a) In special cases on account of urgent business
(b) In exceptional cases where he considers it will benefit the patient s health

A patient who is permitted to leave hospital under the above conditions will not be allowed to enter barracks or places of public entertainment unless special permission to do so is stated on the pass In no case may he visit any premises where the sale of intoxicating liquor is permitted

In the case of officers allowed "out for convalescent exercise the hours of exercise and dates will be published in station orders Officers so allowed out will not visit messes clubs or places of public entertainment unless specially permitted to do so

169 **Charge of public money**—The O C hospital will be personally responsible for the correct expenditure and safe custody of any public moneys or private funds in his charge and for the maintenance of accounts in accordance with the Financial Regulations, India

170 **Hospital stoppages**—He will be responsible that accounts of hospital stoppages are prepared and rendered each month to the Cs.M A concerned The schedule of hospital stoppages is laid down in P and A Regulations Part II

171 **Patient's money and valuables**—A soldier who is a patient in hospital is not allowed to have money or valuables in his possession without the permission of the O C the hospital Any money other than that authorised or valuables which may be in his possession on admission to hospital will be taken over by the O C hospital who will give a receipt for them

172. Cash payments to soldiers in hospitals—Soldiers whilst in hospital may receive cash payments at the discretion of the O C. hospital who will bring their requirements to the notice of their C O Where the hospital is located in the vicinity of the patient s unit or detachment, an officer will visit the hospital weekly and make the necessary payments. In other cases the procedure will be as authorised in *Financial Regulations India, Part II, paragraph 87* for the remittance of public money by military units and formations Cash payments will be limited to a maximum of Rs 5 per week

173 Transfers on relief of personnel—The O C hospital will attend or depute an officer to attend on such occasions to scrutinise the transfer of any stores and equipment

He will complete and dispose of the various transfer documents and records of members of the I M D or I H C when transferred *from his unit (See I A F Z 2039)*

174 Pay of hospital staff—He will be responsible for the correct distribution of the pay of the personnel under his command Payments will invariably be made by an officer

175 Duties in connection with the I H C clothing and equipment—He is responsible that personnel of the I H C attached to the hospital for duty are in possession of the complete authorised equipment and that this equipment is regularly inspected

176 Change of command—When about to hand over command of the hospital he will make arrangement to transfer his duties in connection with the buildings equipment, supplies, and stores and the cash and accounts of public and private funds in his charge to his successor

The regulations regarding the transfer of stores, etc, are laid down in E R (India), Part I In addition to the procedure therein described a letter will be sent to the A D M S concerned to report handing and taking over

Duties of second in command of an Indian military hospital

177 The second in command of an I M H—He will perform such administrative duties as may be delegated to him by the O C hospital in addition to his duties in medical charge of wards He will keep himself conversant with the general organization and routine work of the hospital in order that he may be able to carry on the duties of O C during the latter s absence

Duties of officers doing duty in military hospitals

178 General duties—Officers doing duty are responsible to the O C that the duties assigned to them are duly and conscientiously carried out and that order, cleanliness, comfort and regularity prevail in the various parts of the hospital under their charge.

They will report to the O C hospital any breach of discipline, irregularity or neglect of duty on the part of any of the hospital personnel or patients

179 **Responsibilities for ward management.**—They will visit their patients in the morning at such time as may be fixed by the O C. hospital and again in the evening At such other times as may be necessary they will visit all patients who are seriously or dangerously ill In addition to discharging their professional duties, they are responsible that the rules for the management of wards contained in these regulations and in hospital orders are complied with.

They will be responsible that the personnel detailed for duty in the wards or departments of the hospital in their charge perform their duties efficiently

180 **Personal responsibility**—They will at once draw the attention of the O C. hospital to patients seriously or dangerously ill and will in all matters of professional difficulty seek his advice This will not however relieve them from personal responsibility for the droper treatment of patients under their care

181 **Diagnosis**—As soon as possible after the admission of a patient, the officer in medical charge of the case will make a diagnosis in accordance with the nomenclature of diseases, he will, when necessary, alter the diagnosis, notifying the O C of any such change

In diagnosing cases officers will make full use of the hospital clinical side rooms and of district and brigade laboratories in accordance with these regulations and of instructions and circulars from time to time issued.

[illegible] —Simple routine [illegible] faeces for ova, [illegible] de rooms of the [illegible] results of such [illegible] nents, and in a [illegible]

When a medical officer sends specimens for examination to the district or brigade laboratory he will make out I.A.F M 1265 D [illegible]

183. **Venereal disease**—Every British patient suffering from syphilis or gonorrhœa will on admission to hospital be given a card (A.F. I 1242 or 1243) containing instructions regarding his disease. On his discharge or transfer to another hospital the card will be destroyed.

Instructions regarding the record and surveillance of cases of V.D are given in Appendix X

184 **Other special diseases**—Cases of other special diseases, *e g*, malaria, dysentery, enteric, will be dealt with in accordance with orders and memoranda issued from time to time. For instructions regarding infectious disease (see Section XI)

185 Injuries —In all cases admitted for injuries they will, without delay, make out A.F B 117 (See para 439, Regulations for the Army in India)

186 (a) Hospital Record Cards —They will be responsible that A.F I 1220 is made out for each case on admission and is completed on the patient's discharge (See para 397)

(b) Medical Case Sheets.—They will carefully record on A F I-1237 all cases of professional interest or of serious illness and every case concerning which reference is likely to arise (See para 398)

187 Entries in medical history sheets —They will obtain the medical history sheets of all patients admitted to their care and on discharge of the case will enter therein particulars relating to that admission

188 Temporary medical history sheets —In cases where the original medical history sheet is not available they will complete as far as possible a temporary medical history sheet and enter therein the particulars of the case as detailed above

All entries on temporary medical history sheets will be transferred to the original medical history sheet by the medical officer having custody of the latter All such entries will be signed and dated by the officer making them, and the temporary sheets will then be destroyed

189 Training —They will take every opportunity of giving instructions to junior members of the I M D and to N C Os and men of the P A M C and I H C doing duty in their wards.

190 Equipment, etc —They will see that the medical, surgical, barrack and ordnance equipment on charge in their wards is complete and in good order and that the clothing and bedding supplied to patients are sufficient and suitable

191 Investigation of damages or deficiencies —They will investigate without delay any damage to or deficiencies in the equipment, clothing or bedding on charge in their wards They will report to the O C hospital in writing the circumstances in which the damage or deficiency arose, showing whether by accident neglect or fair wear and tear and will state their opinion as to whether the charge should fall upon the individual (and if so on whom) or upon the State

192 Insurance certificates —They will when required furnish officers or soldiers insured against accident or disease with certificates as to the nature and duration of the disabilities for which they are or have been under treatment

193 Patients' diets —Diets and extras for patients will be ordered on each patient's diet sheet I A F M 1204 by the medical officer in charge of the case (See also Section XI)

194 Inspection of Diets —They will frequently inspect articles of diets and extras supplied to patients in their wards to ascertain that they are properly cooked and served , they will in all important cases give precise instructions as to the hours food and stimulants are to be administered

They will report to the O C any defects in cooking, quantity or quality of diets and extras.

195 Prescriptions.—They will write all prescriptions in a clear and legible manner and will date and sign them and specify the name and rank of the person for whom the prescription is given. In the case of a person who is not a member of H M Forces the full name and address will be entered They will append specific instructions in English as to the administration of the medicine ordered (see also para 166)

Prescriptions for medicines ordered for patients in hospital will be written in the ward prescription book maintained for that purpose.

196 Discharge of patients from hospital.—When they consider that a patient is fit for discharge to duty or for outdoor treatment in barracks they will bring him before the O C hospital who will initial the diet sheet if he concurs

Duties of the orderly officer

197 Period and place of duty.—The periods of duty and the periods of absence from the hospital will be fixed by the O C hospital In all cases the arrangements will be such as to ensure that a medical officer can be obtained, if required either within or without the hospital, with the minimum delay

198 Inspection of stores and diets.—He will inspect the articles of diets and extras supplied to the hospital and satisfy himself that they are of good quality He will visit the kitchens and see that they are clean and that the cooking utensils are properly cleaned and stored

199 Visiting wards and complaints.—He will visit the wards at intervals after hospital hours to ascertain that order and regularity are maintained and will investigate reports and complaints He will visit all parts of the hospital and report to the O C any irregularities or insanitary conditions observed

200 Duties to sick.—He will perform all necessary and urgent duties towards the sick in hospital during the absence of the medical officers in charge of the cases and will deal with fresh cases of injury or sickness as they arise

201 Death in hospital.—On receipt of a report of a death he will satisfy himself of the correctness of the report before giving instructions for the removal of the body to the mortuary

202 Local duties.—He will perform such other duties as may be assigned to him including the medical examination of casual recruits and of soldiers in arrest and under sentence

203. Reports.—He will when relieved, report in writing that he has performed the above duties and will record any unusual circumstances which have arisen during his tour of duty

Duties of officers in medical charge of troops

204 Appointment —An officer will be nominated for the medical and sanitary duties outside hospitals connected with each unit (*vide* Appendix I)

Officers appointed to medical charge of training battalions especially should be changed as seldom as possible

205. Medical duties —The officer in medical charge of a unit will be in medical charge of all personnel of that unit, and their families who are allowed medical attendance at public expense unless another medical officer is especially appointed for this purpose

He is the adviser of the O C unit on all sanitary and medical matters pertaining to the health of the unit and as such will maintain close liaison with the officer commanding He will make such recommendations, verbally or in writing, as he may consider necessary for the maintenance of the health of the troops

206 Sick report.—The name of every soldier reporting sick will be entered in the sick report (A F B 256) which will be prepared in duplicate by the soldier's unit This report will be dealt with in accordance with the instructions noted thereon

207. Examination of sick —The officer in medical charge will conduct the morning sick parade at the unit's medical inspection room at such an hour as will permit sick requiring admission to hospital to reach hospital at a reasonable time during hospital hours

He will enter on A F B 256 a diagnosis of each case reporting sick, and the disposal of the case in the column of remarks in the following terms —

1 "Medicine duty"—*viz* treatment and return to duty

2 "Attend A, "B and "C —*viz*, attendance for treatment at the Medical Inspection room with such duties as may be recommended

3 "Detained"—*viz*, detained in hospital up to 48 hours and subsisted in hospital on extras during the period of detention.

4 "Hospital"—*viz*, admitted to hospital, subsisted on extras for the day of admission and placed on hospital diet for the following day.

5 "Duty"—*viz*, reported sick unnecessarily

NOTE — Attend A means attend for treatment as ordered and to perform ordinary regimental duties

Attend B ' means attend for treatment as ordered and to perform light duties only

" Attend C means attend for treatment and to be excused all duties

208 Officers on sick list —He will report immediately to the officer's O C as well as to the O C hospital when an officer is placed on the sick list, and when an officer sick in quarters is removed from the sick list.

209 Transfer of sick to hospital —He will arrange in communi

210 Details to be furnished to O C —He will furnish the O C hospital with all information required for the correct compilation

211. Medical history sheets.—He will be responsible that particulars regarding preventive inoculations and vaccinations etc , are entered in the medical history sheets of troops in his medical charge

Entries in medical history sheets will be made as follows —

(a) By medical officers—particulars on enlistment , all admissions to and discharges from hospital and the sick list in the case of warrant officers treated in quarters particulars regarding vaccination and re vaccination , prophylactic inoculation , medical boards , issue of and repairs to surgical appliances, etc , fitness for active or foreign service

(b) By dental officers—all entries regarding dental matters

(c) By Os.C unit—*vide* King's Regulations and Regulations for the Army in India

212. Medical equipment of inspection rooms —He will indent on the O C. military hospital concerned for the issue on loan of the necessary medical equipment for the medical inspection room, for such supplies of medicines and surgical materials as are required and for the necessary stationery These articles will be kept in the medical inspection room

213 Medical inspection of troops —(i) He will carry out the re-

or on return from leave or furlough

their duties, but will note such facts on I.A.F M 1239 In cases of fitness this certificate will be considered final but the cases of men considered unfit will be decided by a medical board.

(iv) He will examine men for transfer to the Reserve.

(a) British troops.—A soldier found medically unfit for service in the army reserve will be brought forward for discharge as an invalid. A ruptured soldier who has previously performed his duties without serious inconvenience wil' not be invalided for this cause alone, but will be classi fied on A F B 268 as fit for base or garrison service only

(b) Indian troops.—The medical examination for the reserve will be limited to ascertaining their fitness for further duty according to the average of their class and length of service, they will not be rejected on account of minor disabilities

214 Physical state of unit —He will keep himself accurately informed as to the fitness for service of the unit of which he is in medical charge, and will submit a report quarterly on Form D M S 40 to the O C hospital

215 Physical training —He will keep himself informed on all matters concerning the physical training of the troops and will give his advice on such subjects especially with regard to recruits He will keep a record of those men whose training has been modified and of their subsequent progress

216 Inspection of children and schools —He will, unless there is an officer specially detailed for the charge of families frequently visit the schools at times when the children are present in order to ascertain that their studies are pursued under hygienic conditions He will note in his sanitary diary any conditions likely to affect the health of the children and will make such representations as cir cumstances demand (see A F C 319 Schedule of medical inspection) He will be responsible for the periodical medical examination of all school children in March and September each year

In Indian units he will keep himself informed as to the health of the families of troops and followers living in the lines.

217 Lectures by medical officers and training in first aid and sanitation —He will deliver lectures to officers and men on the use of the first field dressing on sanitation and on venereal disease (see Appendix VI)

He will carry out the training in first aid, sanitation and stretcher drill and the use of the first field dressing in accordance with Regula tions for the Army in India, paragraphs 318 320 B

The training in stretcher drill and first aid and sanitation will be conducted on the lines laid down in R A.M C Training, 1925

218 Inspection of barracks —He will inspect every portion of the barracks including the married quarters, and followers' quarters at least once a month At such inspections he should be accompanied by an officer of the unit and the N C O of the regimental sanitary detachment of the unit in occupation of the barracks. The N C O will make notes of all the defects observed The officer in medical

charge will report verbally to the O C the unit concerned any defects noticed, and will make necessary recommendations for remedying them. The hygienic defects found and the recommendations made to the O C will also be recorded in a sanitary diary (A B 39), which will be submitted to the O C hospital and passed to the O C unit concerned who after recording in it the action taken will return it to the officer in medical charge

N B —The pages of the sanitary diary should be ruled in 3 columns to show (1) medical officer's remarks (2) commanding officer's remarks (3) action taken. It is essential that the action taken should be recorded.

219 Ventilation, lighting, limewashing, etc —He will satisfy himself that every barrack guardroom, and detention room is suitably lighted and provided with sufficient means of ventilation, that the beds and bedding are freely exposed to the air, that the married soldiers quarters regimental institutes kitchens wash houses, lavatories urinals and latrines are suitably ventilated and lighted, and that the walls and ceilings of barracks and quarters are clean and in a satisfactory condition

220 Spacing of beds —He will satisfy himself that there is no overcrowding and that wherever possible the beds are not closer together than 6 ft centre to centre or as may be authorised from time to time.

221 Food and cooking —He will ascertain that articles of food and drink supplied to the troops are of good quality and that the amount cooking variety, preparation and storage of food are satisfactory He will se
troy the vitamins
tery carriers are em
stuffs He will keep himself informed of orders and instructions governing the issue of extra articles of food and drink that may from time to time be published •

222 Cleaning of drinking and other utensils —He will frequently inspect the method of sterilization of drinking vessels in all canteens institutes, etc, and satisfy himself that adequate means are maintained in constant use to ensure that all cups, mugs, tumblers, spoons, forks etc are sterilised in boiling water immediately after use by each individual

NOTE —The following instructions as regards the sterilization of drinking vessels used by troops whether in cantonment or camp, in order to prevent the spread of infectious diseases will be observed —

(i) every drinking vessel should immediately after use be well washed in hot water and dipped in boiling water in such a manner that the upper two inches are immersed.

(ii) for this purpose arrangements should be made for the provision in the most economical manner according to local conditions of the necessary means of maintaining supplies of boiling water

223 Water supply —He will satisfy himself that the amount quality and arrangements for distribution of drinking water are satisfactory

224 Copies of recommendations —He will forward to the O C hospital for information copies of all important written recommendations sent to the O C unit.

225 Inoculation and vaccination —He will be responsible for carrying out all preventive inoculations and vaccinations of the troops families and followers of which he is in medical charge and for furnishing particulars required for the preparation of returns and statistics in regard to these.

He will ensure that all officers and men newly arriving for service in India who are not protected against the enteric group of diseases and small pox are inoculated and vaccinated at the earliest possible opportunity if they are willing.

He will similarly vaccinate and inoculate all Indian recruits and newly joined followers at the earliest opportunity after they join their unit.

226 Infectious disease reports —On the occurrence of infectious disease or any unusual sickness among the troops or military families in his care he will report the matter forthwith to the O C hospital, and will take such immediate action as he considers necessary.

227 Statistics and records —He will maintain the following books and records —

(1) Sanitary diary (*vide* para 218)

(2) Barrack treatment admission and discharge book (*vide* Section VIII)

(3) Inoculation and vaccination registers A record of vaccinations and inoculations performed on officers, soldiers and followers and the families of these.

(4) Malarial register of men attending for post hospital malarial treatment

(5) V D register of men attending for post V D treatment

APPOINTMENT AND DUTIES OF STAFF SURGEONS

228 Appointment of staff surgeons —Staff surgeons are appointed to certain stations.

The appointments are whole time ones at Bangalore Poona and Quetta At other stations period cally notified in Government orders, the staff surgeon performs his duties as such in addition to his ordinary duties.

229 Duties of staff surgeons —The Staff Surgeon is normally the medical attendant (i) of all persons entitled to medical attendance not in regimental employ or not attached to a unit to which an officer is nominated in medical charge (ii) of officers other ranks and their families on leave in his station.

He may in addition be detailed in medical charge of such other entitled persons in his station as may be necessary

He will be guided in the performance of his duties by the regulations contained in paras 207 to 227.

At stations where the services of a Civil Surgeon are not available, the duty of examining proposers for the Postal Life Insurance will be performed, free of charge, by the Staff Surgeon or the medical officer performing the duties of the Staff Surgeon

Duties of Recruiting medical officers.

230 Recruiting medical officers are appointed at certain stations to examine recruits as to their physical fitness for the Indian army They will perform these duties in addition to their normal duties They will be guided in their examination by rules contained in "Instructions for the physical examination of recruits for the Indian army" issued by A H Q from time to time

Records —Each recruiting medical officer will maintain a register in A B 46 of all recruits examined by him and will note therein in the case of those rejected as unfit the reasons for their rejection He will also complete I A F K-1162 for each recruit passed fit by him

Specialist medical officers

[illegible]

An officer may qualify as a specialist at any period of his service but may not draw specialist pay in a specialist appointment if above the rank of Lieutenant Colonel (*vide* Pay and Allowance Regulations, paragraph 18, Part I)

Specialist officers are appointed to commands, districts or independent brigades and are usually posted for duty with B M Hs or I M Hs at headquarters stations They are available to assist and advise medical officers in the treatment of sick but will perform these special duties in addition to their ordinary duties as executive medical officers

The authorised number of specialist appointments is as follows —

Medicine	6
Dermatology	10
Surgery	21
[illegible]	10
[illegible]	3
[illegible]	10
Radiology	11
Officer in charge Brigade Laby	12
Mental diseases	4
Anaesthetics	4
Total	91

Officers appointed to the charge of cantonment hospitals or dispensaries

232. Appointment and duties —An officer of the R A M C or I.M.S may, subject to the sanction of the A D M S district or inde [illegible]

tional charge and the medical officer so appointed will also perform his ordinary duties as a military medical officer

The special duties of a medical officer in charge of a cantonment hospital or dispensary are laid down in the Cantonment Act

3 DUTIES OF MEMBERS OF THE INDIAN MEDICAL DEPARTMENT

233 General duties —Members of the I M D will perform such duties as may be assigned to them, and for which their position and training fits them

They will not without the authority of the officer in medical charge of the unit, treat cases of sickness amongst officers, warrant officers, N C Os. and men in barracks or quarters.

When no officer is present the senior assistant surgeon or sub-assistant surgeon of the I.M.D on duty in the B M H or I M H at the time will be responsible that the duties therein are conducted in accordance with orders

Sub-assistant surgeons will afford medical aid to the families of Indian troops and followers in their quarters

234 Sub-charge of military hospitals —The senior assistant surgeon or sub-assistant surgeon of the I M.D will be placed in sub charge of the military hospital, British or Indian to which he is attached for duty.

(i) He is responsible to the O C hospital for the correct performance of the duties in relation to the following —

Sanitation of the hospital and vicinity

Working of the kitchens and preparation of diets, lighting, warming, water supply and laundry arrangements

Office routine including the submission of reports and the training of members of the I M D in office work

Charge on behalf of the O C hospital of all medical, surgical and M E S equipment and stores and for routine procedure in the event of breakage damage or loss of these

Supervision of the duties of other members of the I M D doing duty in the hospital

Duties connected with the I H C and other subordinate personnel attached to the hospital

(ii) He will be responsible to the O C the hospital that the duties are conducted in accordance with routine orders and that discipline and regularity is maintained.

NOTE.—In hospitals where members of the military nursing services are employed he will in no way be relieved of full responsibility for discipline but will be careful, in carrying out these duties not to interfere with those assigned to the matron and nursing establishment.

235 Assistant and sub-assistant surgeons "doing duty"—A member of the I M.D will be placed in sub-charge of a ward or wards or of special departments of the hospital and will carry out the orders of the officer in charge of the ward for the treatment, dieting, etc. of the patients.

He is responsible to the officer in charge of the ward —

(i) for the general cleanliness and condition thereof.

(ii) that the ward and the patients are in readiness for the medical officer s daily visit.

(iii) that the personnel detailed for duty in his ward or department perform their duties efficiently

(iv) for the discipline of patients and personnel.

He will report without delay to the orderly officer of the hospital all cases of serious illness.

He will be responsible to the officer in charge of the ward or department for the maintenance of all equipment and stores, medicines, dressings etc , on charge of or in use in his ward and will report immediately any loss or damage

He will see that patients are properly and cleanly clothed and will be responsible for any clothing on charge in his ward.

He will be responsible that no patient is in possession of any unauthorised articles of clothing etc , or of any unauthorised money or valuables. (See para. 437, Regulations for the Army in India.)

He will be responsible for the hospital clothing and the disposal of the regimental clothing of any patient too ill to look after his clothing himself

236 Orderly assistant or sub-assistant surgeon, British or Indian military hospital.—(i) The O C hospital will detail a member of the I M.D for orderly duty The tour of duty will be 24 hours. The orderly assistant or sub-assistant surgeon will be available for duty both day and night and will not leave the precincts of the hospital during his tour of duty

(ii) He will be present at the morning and evening roll call, and will see the I H C personnel detailed to their respective duties.

He will make a tour of the hospital kitchens and precincts of the hospital during his tour of duty

(iii) He will visit the wards at intervals after hospital hours, and see all detained patients and those seriously ill. He will immediately report to the orderly officer cases of death and any emergency with which he cannot himself deal.

(iv) He will perform all necessary and urgent duties towards the sick in hospital during the absence of a medical officer or members of the I M D in sub-charge of wards. He will see and deal with fresh cases reporting for admission to hospital

(v) He will parade and see all discharged patients prior to their leaving the hospital

(vi) He will in the absence of an officer or the senior member of the I M D in sub charge of the hospital be responsible that the hospital duties are carried out in accordance with routine orders and that discipline and regularity are maintained

(vii) On the completion of his tour of duty he will report in writing to the O C that he has performed his duties and will record any unusual occurrence, *vide* I A F M 1200

4 DUTIES OF THE MILITARY NURSING SERVICES

237 **Status**—In the absence of the officer in charge of a ward or of the orderly officer, the assistant surgeon or sub-assistant surgeon in sub-charge of the ward or the member of the I M D on orderly duty is in charge of the patients Lady nurses are in these circumstances required to carry out the treatment prescribed Members of the I M D will not interfere in the actual nursing of patients

N C Os and men of the R A M C and personnel of the I H C will carry out the orders of the military nursing services in connection with the nursing of patients

Q A I M N S and Q A M N S I

238 **General duties**—Lady nurses will perform nursing duties in hospitals for British troops and their families and such nursing supervision in hospitals for Indian troops as may be directed

239 **Duty at outstations**—When considered necessary by the local administrative officer of the medical services lady nurses may be sent temporarily to any station where their services may be required, provided no extra expense to the State is incurred on account of accommodation The necessity for such duty at an outstation will be carefully scrutinised in order to avoid the depletion of the nursing services in the stations where they are generally more usefully concentrated They will not be detailed for such duty singly They are not available for nursing members of officers families in quarters (*vide* para 431 Regulations for the Army in India)

240 **Chief Principal Matron or Chief Lady Superintendent**—Will be responsible for keeping the service records and confidential reports of members of the M N S

She will by frequent inspections keep herself acquainted with the administration of the nursing services in the various hospitals British and Indian

She will be responsible that adequate arrangements are made for the leave of the members of the M N S

She will perform such other duties as may be from time to time allotted to her

241 **Principal matrons or Lady Superintendents** —Principal matrons or Lady superintendents are nominated to circles by the D M S in India

They will inspect all the hospitals where military nurses are employed in their respective circles at least twice in the year

They will submit a monthly report to the Chief Principal Matron or Chief Lady Superintendent keeping her informed of all nursing details Any matter in connection with the Military Nursing Services or with the state of nursing in military hospitals regarding which a principal matron considers that official action should be taken should be brought to notice through the usual official channel

They will keep records of all nurses employed in their circles, and advise the D D M S and A D M S on all matters connected with the nursing staff

The principal matron or matron in a station may also visit the I M H in which no lady nurses are employed to advise the O C on matters affecting the nursing of patients

Matrons or Senior Nursing Sisters

242 **Responsibilities** —The matron or senior nursing sister will be responsible to the O C hospital —

(i) for the general nursing arrangements of the hospital including the family hospital where such exists,

(ii) for the performance of their duties and for the maintenance of good conduct efficiency, and discipline amongst the lady nurses of the nursing establishment,

(iii) for the cleanliness and good order of the wards under the charge of lady nurses She will not be responsible for nursing in wards in which lady nurses are not employed

243 **Training in nursing duties** —She will supervise the training of N C Os. and men of the R A.M C and regimental nursing orderlies from units in nursing duties, and will countersign R A M C Form 22

244 **Reference to officer commanding** —In all cases of doubt or difficulty she will apply to the O C hospital who will render her every assistance in the performance of her duties.

245 **Report to officer commanding** —When any neglect of duty or impropriety of conduct on the part of lady nurses other nursing staff patients, or visitors, come to her notice she will report to the O C hospital

246 **Confidential reports** —The matron will initiate the annual confidential reports on all lady nurses serving under her (Appendix XI) and forward them to the officer commanding the hospital for disposal.

247 **Leave.**—She will in communication with the Principal Matron or Lady Superintendent of the circle make arrangements for the annual leave of lady nurses and will submit to the Principal Matron or Lady Superintendent through the O C hospital a statement of the arrangements made

Sisters and Staff Nurses

248 **Responsibilities and duties**—Every sister or staff nurse in a military hospital will be under the immediate supervision of the matron or senior nursing sister and directly responsible to her in all matters relating to conduct and discipline

She will carry out such orders and instructions relative to the treatment of the sick and ward management as she may receive from the officer in charge of the wards, whom she will accompany on his visits

249 **Admission of patients**—In cases of fresh admissions into her ward the sister or staff nurse will ascertain when the patient last had food and see that they are not kept waiting for suitable nourishment

250 **Wines, etc**—The sister or staff nurse will receive daily from the storekeeper the wines, spirits or malt liquors ordered for the patients in her ward and be responsible for their correct distribution in accordance with the orders of the officer in charge of the ward

251 [illegible]

252 **Report book**—Before going off duty each sister or staff nurse will put in writing in the report book any notes on special cases, or other important matters which may be necessary for the information of the officer in medical charge of the case and the guidance of the sister relieving her The relieving sister will see the instructions regarding the patients are carried out

253 **Night duties**—Sisters and staff nurses will be detailed in rotation for duty as night sister for a period of not more than one month as the matron or senior nursing sister may decide A night sister before going on duty, will report to the matron or senior nursing sister to receive instructions she will visit the wards frequently during the night and on coming off duty, will personally submit her written report to the matron or senior nursing sister.

254 **Instruction of orderlies**—They will be held responsible for carrying out the prescribed courses of training in nursing, and will afford the orderlies ample opportunity of learning the r d ties

The Indian Military Nursing Service

255 Matrons, sisters and staff nurses —The duties of matrons, sisters and staff nurses of the I M.N S are similar to those of the same ranks of the Q A I M N S Lady nurses of the I M N S are however not required to nurse personally any but cases of serious illness, in all other cases of illness their duties are to supervise the nursing carried out by the nursing section of the I H C

256 Instruction of I.H.C —Members of the I.M.N S will instruct personnel of the nursing section of the I H C in their duties To assist them in the performance of this duty Appendix VII has been drawn up as a guide

257 Night duty —Lady nurses may be employed on night duty in exceptional circumstances, not less than two nurses must be detailed to perform this duty together

Matrons and assistant matrons of military family hospitals

258 *Duties* —*Matrons and assistant matrons will have care of* the equipment and will perform nursing duties as required in military family hospitals In stations where members of Q A I M N S or Q A M.N S I are employed military family hospital matrons and assistant matrons will perform their duties under the immediate supervision of the matrons or senior nursing sister of the B M H of which the military family hospital forms a part

5 DUTIES OF THE R A M C OTHER RANKS AND MEN OF THE I H C

259 R A.M C other ranks —Will be employed in hospitals for British troops and other medical units on such nursing and other duties as may be directed. The duties of R A M C other ranks are laid down in the Standing Orders of the R A M.C, R A M C (T C) and A D Corps

260 The Indian Hospital Corps —Personnel of the I H C attached to military hospitals will be employed on duties according to their section and class to which they belong The particular duties of each section of the I H C are given in the subsequent paragraphs.

261 Clerical section.—N C Os. and men of the clerical section are detailed to B M Hs. and I M Hs for duty as clerks and will perform such duties in regard to hospital correspondence and hospital records and the filing thereof as may be directed

262 Nursing section —N C Os and men of this section are employed on nursing duties in I M Hs and on such other duties as their training and position fits them

The senior nursing N C O in the hospital will be responsible under the senior member of the I M.D for the discipline and duties of the personnel of the nursing and general sections attached to the hospital

263 Ambulance section —N C Os and men of this section when attached to military hospitals may be employed on any except menial duties for which the O C hospital considers them fitted, *e g*, as sentries messengers, or for duty as extra nursing orderlies in the wards

264 Stores section —N C Os and men of this section are detailed to military hospitals for duties in connection with hospital stores and equipment other than medical and surgical stores and equipment.

The senior storekeeper, N C O or orderly of the stores section of the hospital will be responsible —

(i) for the receipt, custody, care and issue of rations diets and extras clothing, fuel, oil, bedding and such other ordnance and supply stores as may be on charge

(ii) for the maintenance, compilation, and correctness of all ledgers, returns, vouchers and expense books in relation to his duties and for their submission to the O C hospital for his countersignature

(iii) for the preparation of assessments for issues on payment and for personal charges against patients, personnel of the hospital or others for loss or damage to the articles of stores or equipment in his charge

265. The General section —Personnel of this section attached to military hospitals are employed on menial duties according to the class to which they belong—cooks, washermen watercarriers, sweepers, etc

SECTION III.—MEDICAL ATTENDANCE.

266 Medical attendance (gratuitous except for the hospital stoppages authorised *vide* P and A. Regulations Part II) includes :—

(a) The professional advice and care, during sickness or injury, afforded by the appointed medical attendant who may call in for consultation (which shall be free of all charge) any medical officer paid by Government who may happen to be in the same station at the time. The rules governing movements of specialist M. Os. called in for attendance or for consultation are contained in Passage Regulations, India.

(b) The supply of such authorised medicines and appliances as may be considered necessary and are available from :—

(i) a military hospital or dispensary, if ordered by an authorized medical attendant in military employ or his *locum tenens*;

(ii) a State aided civil dispensary, if ordered by an authorised medical attendant in civil employ or his *locum tenens*;

NOTE.—This is not admissible to any person treated in quarters in a presidency town unless such supply is specifically provided for in his agreement.

(c) The supply in hospital or in their quarters of such medical comforts as are authorised and are considered necessary by the medical attendant;

(d) Ordinary nursing in a military hospital, *i.e.*, nursing which can be provided in the hospital by members of the military nursing services;

(e) Ordinary nursing out of a military hospital, *i.e.*, nursing which can be provided by members of the military nursing services;

(f) Special nursing in a military hospital, *i.e.*, nursing provided by the employment of private nurses;

(g) Special nursing out of a military hospital, *i.e.*, nursing provided by the employment of private nurses.

NOTE.—Treatment in a military hospital will include such X Ray treatment as is available.

266 A. When injuries are received in the course of duty by the employees serving on the temporary and extra establishments in ordnance and clothing factories and the inspection section who are workmen as defined in the Workmen's Compensation Act and live outside factory lines, the medical officer in charge of the factory or inspection section may, if he considers such a course necessary, summon a

military specialist medical officer to attend the patient When so called in, the specialist will be entitled to fees at the following rates —

	Rs
1st consultation	16
2nd and subsequent consultations	10 in each case
Subject to a maximum fee of Rs 50 in each case	
Operations—	
Minor operations up to	25
Major operations up to	100

The fees will be paid from the factory or inspection section grant according to the establishment to which the patient belongs

267. The table below contains the rules regarding the authorised medical attendants for the various classes of entitled persons—

Authorised medical attendants for entitled persons

Medical attendant	Entitled persons
A (i) Officers in medical charge of troops	A All ranks British and R A F troops in regimental employment and their (including school masters ool mistresses) s and public followers of units when treated out of
B Medical officers of the Indian military hospital	B (i) British officers of Indian units and their families (ii) All ranks Indian troops in regimental employ and public followers of units of the Indian Army including those attached to the R A F in India (iii) Indian troops and public followers of British units when admitted to an Indian military hospital
C Sub Assistant Surgeon from the Indian military hospital	C Families of Indian troops (including those forming part of British units and of those serving with the R A F in India)
	D Officers actually employed at Army Headquarters military officers in the Army Department Secretariat and officers of R A F Headquarters other staff of Army and R A F Headquarters

Authorised medical attendants for entitled persons—contd.

Medical attendant.	Entitled persons.
[illegible]	E. British and Indian officers and British and Indian other ranks of the Auxiliary and Territorial Forces.
F. Staff Surgeon (or medical officer locally appointed to perform the duties of staff surgeon)	F. All other persons entitled to medical attendance and not already specified in items A to E above. *Conditions.* 1.—When the entitled persons are residing in cantonments, or 2.—When residing just outside cantonments and no civil surgeon is available. 3.—When persons entitled to gratuitous medical attendance under civil rules reside in cantonments where there is either no civil surgeon, or where the civil surgeon does not reside for his own convenience. [illegible]
G. Civil surgeon (or assistant where one is sanctioned)	G. All other persons entitled to medical attendance and not already specified in items A to F above *Conditions* At hill stations — All entitled persons not doing duty with troops —See item F, condition 4, also Note 1 At other stations 1.—When the entitled persons are residing in civil lines or outside cantonments. 2.—When persons "entitled to medical attendance under civil rules" are living in cantonments where the civil surgeon himself is residing for his own convenience
H. Presidency surgeon	H. When entitled persons are residing within the limit of the charge of a presidency surgeon

.—In hill stations where the cantonment is entirely separate and distinct from the civil station the usual rules as for plains stations will apply

\—In any station where local conditions as regards residence render a modification of the rules in F and G absolutely necessary the district or brigade commander advised by his A D M S may in consultation with the local civil administrative authorities arrange for such redistribution of duties between the staff surgeon and the civil surgeon (and their assistants if any) as will meet the circumstances of the case

In stations where no arrangements exist for the provision of European medical attendance for the wives and families of British officers and British other ranks the district or brigade commander will in consultation with his A D M.S order a British M O to proceed from another station for the purpose

Where an assistant (or assistants) is sanctioned to assist the authorised medical attendant the *duties of all will be distributed as follows* —

Civilian clerks and others whose salary is Rs 250 per mensem or over are entitled to the services of the authorised commissioned medical officers

Civilian clerks and others whose salary is below Rs 250 but not less than Rs 50 per mensem are entitled to the services of the authorised assistant surgeon

Civilian clerks and others whose salary is less than Rs 50 per mensem are entitled to the services of the authorised sub-assistant surgeon

268. Entitled persons receive medical attendance whether at their own or at another station and whether on duty or on leave from the authorised medical officer who is stationed at the place the entitled person is in but should an entitled person call in a medical officer other than the one authorised by government the usual fees may be claimed by the medical officer so called in

269 The authorised medical attendant will, at all times if desired, afford medical aid in cases of child birth to the wives of persons whose families are not entitled to admission into a military hospital, but are entitled to medical attendance

270 Patients (with the exception of officers and their families) who are entitled to medical attendance in their quarters only and not to admission to a military hospital (class M para 271) and who are suffering from trivial ailments or slight injuries not necessitating confinement in quarters should attend at the hospital or dispensary for treatment Medical attendance in quarters is given in cases of more serious illness or when the patient is put on the sick list

271. The table below contains a list of the classes who are entitled to medical attendance and the extent to which each class is entitled in the ordinary course

NOTE —A definition of the term military employ and concessions permitted under special circumstances are contained in the succeeding paragraphs

MEDICAL ATTENDANCE

All the classes noted below are entitled to professional advice and care and to the supply of medicines and appliances as detailed in para. 266 (a) and (b) and in addition, to the concessions indicated in detail in Column 3 of this table

Medical attendance—contd.

1	2	3					
		WHETHER ENTITLED TO					
Classes	Where attendance is allowed	Supply of medical comforts in a non-dieted military hospital para 266 (c)	Supply of medical comforts in quarters para 266 (c)	Ordinary nursing in a military hospital para 266 (d)	Ordinary nursing in quarters para 266 (e)	Special nursing in a military hospital para 266 (f)	Special nursing in quarters para 266 (g)
A (i) Military officers (including departmental officers employed otherwise than as clerks and Superintendents at Army and R. A. F Headquarters) on the active list in military employ Royal Indian Marine officers on the active list in the Marine Department and R A F officers on the active list of the R A F in India Also Adjutants of the Aux F India and Military Advisory Staff Indian State Forces	At their quarters or in a military hospital into which they are entitled to be admitted if accommodation is available and the medical attendant recommends this course	Yes	No	Yes	Yes If suffering from a disability considered to have been contracted on duty	Yes	Yes If suffering from a disability considered to have been contracted on duty
(ii) Chaplains ministering to the British troops in India and their families	Ditto	Yes	No	Yes	No.	No	No
B (i) British warrant officers in purely regimental employ Assistant sur-	Ditto	Yes.	Yes	Yes.	No	Yes	No.

geons in military employment; British warrant officers of the R.A.M.C., R.A.O.C., A.D.Corps, I.C.C. (British Wing), I.A.S.C., I.A.O.C., and Barrack Department (*excluding* those employed as clerks); all British warrant officers, non-commissioned officers and men (of Corps, Departments, Units etc.) employed as technical clerks at Army Headquarters, British warrant officers serving with corps of sappers and miners, British warrant officers of the R.A.F. on active duty with their units; all non-departmental unattached list ranks employed as follows —							
On garrison duties, on *shipping duties*, as clerks on rates of pay which are not consolidated, with convalescent depôts, schools of instruction, prisons detention barracks, veterinary hospitals, Indian Auxiliary Force or as bandsmen.							
(ii) Families of those enumerated at (i) immediately above.	Ditto . . .	Yes	Yes	Yes.	No	Yes	No

Medical attendance—contd

1	2	3					
		WHETHER ENTITLED TO					
Classes.	Where attendance is allowed	Supply of medical comforts in a non dieted military hospital, para 266 (c)	Supply of medical comforts in quarters para 266 (c)	Ordinary nursing in a military hospital para 266 (d)	Ordinary nursing in quarters para 266 (e)	Special nursing in a military hospital para 266 (f)	Special nursing in quarters, para 266 (g)
C. Families of military officers (including departmental officers employed otherwise than as clerks and Superintendents at Army and R.A.F Headquarters) on the active list in military employ and of R. I M officers on the active list in the Marine Department families of R. A I officers on the active list of the R A. F in India, families of departmental officers who joined the P W D as military subordinates before 11th July 1910 Also families of Adjutants of Auxiliary Force and of Military Advisory Staff Indian State Forces	At their quarters or in a military hospital into which they may be admitted if accommodation is available and the medical attendant recommends this course	Yes	No	Yes	No	No If required and provided is charged for in addition to the usual hospital stoppages	No
D Military Nursing Services	Ditto	Yes	No	Yes.	No.	Yes	No
E Departmental officers employed as clerks and superinten	Ditto	Yes.	No.	Yes	No	Yes	No

dents at Army and R. A. F Headquarters warrant officers, non-commissioned officers and men in other than purely regimental employ including those employed in M L Services (warrant and non-commis sioned officers only) at Army and R A F Head quarters (whether perma-nently or on probation until assumption of civilian status but not as technic-al clerks) the R I M (warrant officers only) the *Public Works and Tele*-graph Departments but excluding those referred to in class B (i)" N C Os. and Airmen of the R.A F in India in employment other than with their own units							
F. Families of the classes specifi ed in class E above	At their quarters or in a military hospital into which they may be admitted if accom modation is available and the medical atten dant recommends this course	Yes	No.	Yes	No	[illegible]	No
G (i) Army schoolmasters and *schoolmistresses* and their families	Ditto .	Yes	No	Yes.	No	Yes	No

Medical attendance—*contd*

1	2	3					
		Whether entitled to					
Class	Where attendance is allowed	Supply of medical comforts in a non-dieted military hospital para 268 (c)	Supply of medical comforts in quarters, para 268 (c)	Ordinary nursing in a military hospital para 268 (d)	Ordinary nursing in quarters, para 268 (e)	Special nursing in a military hospital para 268 (f)	Special nursing in quarters para 268 (f)
(ii) Retired British officers and British other ranks (pensioned direct from the military service of the Government of India) including retired departmental officers and warrant officers even when in civil employ, but not in receipt of a pension or gratuity from the civil *department*.	At their quarters or in a military hospital into which they may be admitted if accommodation is available and the medical attendant recommends this course	Yes	No	Yes	No	Yes	No
(iii) Accountants and clerks of the Military Accounts Department doing duty with British and Indian units	Ditto	Yes	No	Yes	No	Yes	No
II Matrons employed in military family hospitals and their children	In a military hospital if accommodation is available and the medical attendant recommends this course.	Yes	No	Yes	No	Yes	No

J. Europeans unconnected with the Army if residing in a military station and with the approval of the O C. station.	In a military hospital only	Yes	No.	Yes	No	No	No
K. Non-commissioned officers and men in purely regimental employ and those belonging to R. A. M. C., R. A. O. C., A. D. Corps, I. A. S. C., I. A. O. C., I. C. C. (B. W.) and Barrack Department but excluding those employed as clerks, non-commissioned officers and airmen of the R. A. F. in active employment with their units.	Ditto.	Yes	No	Yes	No	Yes	No
L. Families of the above classes (K).	In a military hospital or at their quarters the latter only when accommodation in a military hospital is not available.	Yes	Yes.	Yes	Yes	Yes	Yes
M. (i) Military officers (including departmental officers) on the active list in civil employ. Officers of non Asiatic domicile belonging to Superior Services in the Cantonments Department	At their quarters only	No.	No	No	No.	No	No

Medical attendance—contd.

1	2	3					
		WHETHER ENTITLED TO					
Classes	Where attendance is allowed	Supply of medical comforts in a non-dieted military hospital para. 266 (c)	Supply of medical comforts in quarters, para 266 (c)	Ordinary nursing in a military hospital para 266 (d)	Ordinary nursing in quarters para 266 (e)	Special nursing in a military hospital, para 266 (f)	Special nursing in quarters para 266 (g)
(ii) European and Indian civilian gazetted officers of the Indian Ordnance Military Accounts and Military Farms Departments, non-gazetted officers and subordinates of the Indian Ordnance Department and civilian Dairy Managers in the Military Farms Department. Inspecting and executive officers of lands and cantonments except those mentioned at M (i) above and their families Also families of officers of non Asiatic domicile belonging to Superior Services in the Cantonment Department.	At their quarters only	No	No	No	No	No	No
(iii) European and Indian civilian staff of Army Headquarters (includ	Ditto				..	..	..

ing military men who on completion of a probationary period, and if approved for permanent retention assume civilian status) and R. A. F Head quarters in India and that of Command, District, Brigade or Station Staff Offices and their families when not stationed in a Presidency town.							
(iv) Miscellaneous establishments attached to the different departments (I. A. S. C., I. A. O. C., M. E. S. Medical, etc.) of the Army including civilian clerks of these departments, and clerks of the I. C. C. (Indian wing) (Civilian clerks of these departments, however, are not entitled to gratuitous medical attendance when stationed in a Presidency town.)	At their quarters only	No	No	No	No	No	No.
(v) Families of retired British officers and British other ranks (pensioned direct from the military service of the Government of India) including retired departmental officers and warrant officers if not employed by or in receipt of a pension or gratuity from the civil department.	Ditto	No	No	No.	No	No	No

Medical attendance—contd

1	2	3					
		WHETHER ENTITLED TO					
Classes	Where attendance is allowed	Supply of medical comforts in a non dieted military hospital, para 266 (c)	Supply of medical comforts in quarters para 266 (c)	Ordinary nursing in a military hospital para 266 (d)	Ordinary nursing in quarters para 266 (e)	Special nursing in a military hospital para 266 (f)	Special nursing in quarters para 266 (g)
(vi) Families of European civilian gazetted officers of the Indian Ordnance and Clothing Factories and of non gazetted officers and subordinates (other than clerks) of the I O D	At their quarters only	No	No	No	No	No	No
(vii) All employees on the temporary and extra establishments in the Ordnance and Clothing Factories and Inspection Sections residing in Govenment lines and their families	Ditto						

N. Indian officers and other ranks (including Indian officers holding Honorary King's Commissions as well as sub-assistant surgeons) on the active list in military and R. A. F employ Indian officers and other ranks of the Indian State Forces when attached to the Army, Indian officers and other ranks of the Indian Territorial Forces when embodied or under training, permanent recruiters.	In a military hospital	Yes	No.	Yes	No	No	No
O. Families of Indian officers and other ranks (including sub-assistant surgeons) on the active list in military and R. A. F. employ borne on the married roll and present with their units	At their quarters	No	No.	No.	No	No	No
Regimental and departmental followers, classes I and II and non enlisted inferior servants in Military employ	In a military hospital	Yes	No	Yes	No	No	No

272 The term "military employ" is held to include employment in a *bona fide* military office, e g, Army department, army headquarters, command, district, brigade or station staff offices, etc

273. When a military officer (including a departmental officer employed otherwise than as Superintendent and clerk at Army and R A F Headquarters at Simla) is admitted into a civil hospital on account of a disability considered to have been contracted on duty such officer is entitled to the services of a nurse, or nurses, if the medical attendant considers their employment necessary (class A, para. 271)

274 In order to prevent the spread of infectious disease in stations where there are military hospitals, but where accommodation cannot be arranged for patients suffering from the infectious diseases noted at (*a*) below, the brigade or district commander is authorised, when he considers it essential on the recommendation of the authorised medical attendant, to permit the treatment of patients of the classes mentioned at (*b*) below in civil hospitals where accommodation for the treatment and segregation of such diseases is available

The cost* of treatment and maintenance will be defrayed by the State subject to the recovery, from the patient, of the usual hospital stoppages noted in P and A Regs, Part II.

*NOTE.—Special arrangements exist with the (Civil) Infectious Diseases Hospital, Sangam, Poona, under which treatment is afforded in that hospital at a concessional rate to infectious cases among British military personnel.

(*a*) Cerebro spinal fever	Chicken pox	Cholera
Diphtheria	Enteric group of fevers	Erysipelas
German Measles	Measles	Mumps
Plague	Rabies	Relapsing fever
Scarlet fever	Small pox	Typhus

and any other infectious disease which, in the opinion of the medical attendant, renders the removal of the patient to a civil hospital necessary

(*b*) All Military and Royal Air Force officers (including departmental officers in military employ other than those employed as clerks and superintendents at Army and R A F Headquarters (class A, para 271)

Lady nurses of the Military Nursing Services (class D, para 271)

When occupying public quarters:

W Os and N C Os employed in command, district and brigade offices on consolidated rates of pay (class E para 271)
W Os and N C Os of the M E S (class E, para 271)
P W D (class E, para 271)
Telegraph department (class E, para 271)
Grass farms department (class E, para 271)
Dairy farms department (class E, para 271)
Remount department (class E, para 271)
Employed in Lawrence Asylums (class E, para. 271)

275. If serving at a station where there is no military hospital the individuals specified below (class B, para 271) will, if the medical attendant considers admission to hospital necessary, be transferred to the nearest military hospital for treatment. If, however, the medical attendant considers such a course impracticable, he may cause the patient to be admitted to a civil hospital or to be treated in quarters, engaging such special nurse or nurses as may be considered necessary. The fees for special nurses will be those which usually obtain locally, in addition to the actual travelling expenses incurred.

Whether the patient is treated in a military or civil hospital, or has special nursing provided in quarters, the authorised hospital stoppages, *vide* P and A Regs, Part II, will be recovered and credited to Government by whom the balance of the cost of the treatment will be borne. In stations where the services of a government medical officer are not available, a private practitioner's fees will also be borne by Government.

British warrant officer in purely regimental employment.

Assistant Surgeons in military employment.

British warrant officers of the —

R A M C	excluding those employed as clerks.
R A O C	
A D Corps.	
I A S C	
I A O C	
I C C (British wing)	
Barrack Department	

British warrant officers, non commissioned officers and men (of Corps, Departments, Units, etc), employed as technical clerks at Army Headquarters.

British warrant officers serving with Corps of Sappers and Miners,

British warrant officers of the R A F on active duty with their units. All non departmental unattached list ranks employed as follows —

On garrison duties on shipping duties, as clerks on rates of pay which are not consolidated with convalescent depôts, schools of instruction prisons, detention barracks, veterinary hospitals, Indian Auxiliary Force or as bandsmen.

The wives and children of individuals of all the above mentioned classes are entitled to this concession when residing at any station in British India or Burma and whether they are residing with or without their husbands or fathers as the case may be.

276 When treated in their quarters or in a civil hospital, the individuals specified below (class E, para 271) will be allowed special nursing at rates not exceeding those at which nurses are available locally, subject to the recovery of the usual hospital stoppages

(i) Departmental officers employed as clerks and superintendents at Army and R A F Headquarters while on leave or on duty at stations other than Simla and Delhi (*vide* para. 278 for Simla and Delhi)

(ii) Warrant officers, non commissioned officers and men in other than purely regimental employment including those in the—

M E S (Warrant Officers and non commissioned officers only),

Army and R A F Headquarters (whether permanently or on probation until assumption of civilian status, but not as technical clerks) while on leave or on duty at stations other than Simla and Delhi (*vide* para 278 for Simla and Delhi),

P W D,

Telegraph Department,

R I M (warrant officers only),

but excluding those referred to in class B, para 271

(iii) N C Os and Airmen of the R A F in employment other than with their units

277 With the exception of the classes specified in paras 275 and 276 the fees for special nurses for all other classes for whom special nursing is authorised (*vi*, classes A, D, G H, K and L, para 271) will be those which usually obtain locally, in addition to the actual travelling expenses incurred. The fees to be paid will be sanctioned by the district or independent brigade commander who will countersign the bill before submission to the C M.A for payment

278 Military clerks of Army headquarters and R A F clerks of R A F headquarters, India (including departmental officers other than those employed as officer supervisors I.U L W Os, N C Os. and men) who joined before the 15th January 1906, and their families, may be treated in civil hospitals in Simla and Delhi under the following conditions —

(i) The medical officers to whose services the patient is entitled must certify that it is a case of serious illness and that the removal of the patient to the nearest military hospital would be dangerous.

(ii) The Government of India will bear the balance of the charges at the lowest daily rate obtaining at the hospital concerned

plus the cost of medical comforts, after deducting there from the following daily amount on account of each patient —

	Rs	A	P
(a) Military or R A F clerks whose pay and allowances are Rs 200 per mensem or less	1	0	0
(b) Military or R A F clerks whose pay and allowances are over Rs. 200 per mensem and not more than Rs. 300 per mensem	1	8	0
(c) Military or R A F clerks whose pay and allowances are over Rs 300 per mensem .	2	0	0

Military clerks of Army headquarters and R A F clerks of R A F headquarters India (including departmental officers, other than those employed as officer supervisors, I U L W Os, N C Os and men) who joined on or after the 15th January 1906, and their families, may be treated as indoor patients in civil hospitals in Simla and Delhi, under the following conditions —

(i) The medical officers to whose services the patient is entitled must certify that it is a case of serious illness and that the removal of the patient to the nearest military hospital would be dangerous

(ii) No aid will be given to any military or R A F clerk who is not a member of the Hospital Aid Fund

(iii) The difference between the lowest daily rate obtaining at the hospital concerned and the amount payable by the Hospital Aid Fund up to a limit of Rs 5 per diem will be borne by the State on account of each military or R A F clerk or member of his family (as defined in the Civil Service Regulations) who may be admitted to the hospital as an indoor patient

279 When the authorised medical attendant considers that a sick member of the family of a British N C O or man in regimental employment (class K para 271), should be admitted into hospital, and the necessary accommodation is not available in a military hospital,

Medical Attendance in the U K of Personnel of the Indian Army

280 Entitled persons —Officers of the Indian Army and officers, W Os, N C Os and men of the Indian Unattached List, while on leave in the U K, are eligible for medical treatment under the same rules and conditions as personnel of the British Army

Rules regarding medical attendance on officers of the British and Indian services and members of the Military Nursing Services, when travelling on board private steamers, are contained in Passage Regulations, India

281 **Private treatment**—Reasonable expenses of medical attendance by private practitioners will be refunded (under the conditions obtaining in the United Kingdom in the case of British service officers serving there) in cases where military hospital accommodation is not available for officers entitled to it or the condition of the patient renders it impossible for him to be removed to a hospital.

282. **Officers suffering from tropical diseases**—Officers on leave suffering from the effects of tropical diseases are eligible for admission to the Hospital for Tropical Diseases, Endsleigh Gardens, London, N W for treatment. All officers requiring such treatment should apply, in the first instance, to the India Office

283 **Sanatorium treatment for officers and nurses suffering from tuberculosis.**—Indian service officers and nurses and British service officers serving in India who are suffering from tuberculosis contracted in and by military service may be afforded sanatorium treatment *under the conditions applicable to officers and nurses of the British* service in the U K *vide* Regs. A M.S , para 516

SECTION IV.—MEDICAL EXAMINATIONS.

Candidates for commissions, recruits and reservists

284 **Candidates for commissions in the Indian Army and Services** — The medical examination of candidates in India for commissions in the above will be conducted by a medical board in accordance with regulations on the subject, as published in I A Os or A Is (I) from time to time

285 **Recruits** —(i) British army —Recruits for the British army will be examined by R A M C officers in accordance with the regulations on the subject

(ii) Indian army —Recruits (both combatant and non combatant) for the Indian army, or soldiers for the reserve will be examined by any of the undermentioned medical officers in accordance with the "Instructions for the physical examination of recruits for the Indian army" —

(1) R A M C officers.
(2) I M S officers
(3) Civil surgeons
(4) Assistant surgeons appointed to act as civil surgeons

286 **Responsibilities of recruiting and medical officers—Indian army** —Recruiting officers are responsible for the measurements apparent age intelligence and mental suitability of recruits selected by them. Officers of the medical services are responsible for the health physical fitness for service, promise of development and identification marks

287 **Reservists** —The medical examination of men for the reserve will be similar to that of recruits The disposal of unfit reservists called up for training or on mobilization will be in accordance with Regulations for the Army in India, para 175

Newly arrived units and drafts (British troops)

288 **Preliminary inspection and report** —Newly arrived units and drafts on arrival at their stations will be inspected by officers specially detailed for the purpose by the A D M S concerned A report on I A F M 1194 will be rendered in accordance with the instructions thereon (*vide* para 108)

289 **Inspection by O C, B M H** —The O C, B.M H concerned will inspect all new units and drafts as soon as possible after the inspection referred to above He will apply without delay for a medical board to be held on all men who in his opinion, are permanently unfit for general service He will, before entering his remarks on I A F M. 1194, take all necessary steps (such as calling for specialists reports, etc) to ensure that the classifications are correct and final. Specialists' reports should not be attached

When forwarding the report (I A F M 1194) he will definitely state his concurrence or otherwise with the findings of the officer who carried out the preliminary inspection

When the whole strength of a unit or draft on disembarkation is not inspected and reported on at one time a separate report on I A F M 1194 should be submitted in respect of each man or group of men subsequently inspected

290 **Disposal of unfits** —The disposal of unfit men will be governed by the instructions *issued from A H Q from time to time (vide Section IX)*

291 **Public health precautions** —Steps will be taken to ensure that men found to be unprotected against small pox or the enteric group of diseases at the time of the preliminary inspection are immediately protected by vaccination or inoculation

School children attending army schools

292 **The physical examination of children attending army schools** will be undertaken —

(*a*) at the time of or shortly after their first admission to school,

(*b*) at the second or about the third year of school life (say seventh year of age)

(*c*) at the sixth year of school life (say tenth year of age),

(*d*) immediately before the departure of the child from school life

[illegible]

and followed up with regard to dental defects

[illegible]

295 **Records** —The results of the inspections together with the physical defects noted and the remedial action recommended if any, will be entered on A F C 319, which will be retained at the school

296 **Half yearly reports** —The above mentioned medical examination of school children will be carried out periodically in March and September of each year, and a report in duplicate will be submitted to the A D M S *of the district in April and October, who after* perusal will forward one copy to the D D M S command for information

In framing these reports the following *inter alia* will be dealt with —

A School rooms—

(1) Lighting

(2) Warming

(3) Ventilation

(4) Walls

(5) Floors

(6) Seats and desks, pattern relative positions of etc.

(7) Cloakrooms

(8) Lavatories

(9) Drinking water

(10) Cleanliness.

B School children—

(1) General Health

(2) Vision

(3) Hearing

(4) Physical exercises.

(5) Infectious and contagious diseases

(6) General oral condition—state of gums and teeth

C General remarks—

These reports will be commented upon in the Annual Hygiene reports of Districts and Commands

Miscellaneous examinations

297 **Pensioners, etc, for civil employment**—Pensioners, ex soldiers and reservists of the Indian army seeking civil employment will, at the request of the O C a unit, a recruiting officer or the Pension Pay master in Madras be examined for fitness by I M S officers in military and civil employment (by the latter only when officers in military employment are not available)

298 **Medical examination of civilians employed with the Army in India for fitness for service and promotion, *vide* Article 49, Civil Service Regulations.**—An officer of the Military Medical Services when examining a civilian under the above regulations will be guided in the estimation of his fitness by the following considerations —

(i) that having in view the particular branch of the service and the duties he is required to perform, the individual's general bodily health and mental condition are such as will permit of the efficient performance of these duties,

(ii) that his speech, hearing and eyesight are such as will enable him to carry out his duties efficiently,

(iii) that he is not suffering from any chronic disease,

(iv) that in the event of the candidate suffering from a disability (*e g* absence of or defect in an eye, an organ, or limb, etc) other than such as to cause his rejection as unfit, the medical officer carrying out the examination will note the nature of the disability on the certificate of fitness and will " certify that to the best of his belief the disability is not of such a nature as to be likely to cause a breakdown or premature invaliding during unusual strain in peace or on active service "

[See also I A F (Medical) No 8 and paragraph 447, Civil Service Regulations]

299 **Troops before embarkation** —Under the Paris Sanitary Convention no person will embark unless previously passed by the D A D M S (D & E ,) who, for the purposes of transports, is gazetted as an Assistant Port Health Officer, *vide* Bombay G R No 1265 P., dated 12th August 1908 Certificates from other medical men, civil or military, cannot be accepted for this purpose but I A F M 1240 must be produced in all cases

300 **Troops moving to ports of embarkation** —Troops and their families moving to ports of embarkation will be examined in accordance with instructions on I A F M 1240, Regulations for the Army in India, paragraph 440 A and King's Regulations, paragraphs 1092, 1094, 1147 and 1150

301 **Other examinations** —Officers or medical boards will carry out such medical examinations of officers and other ranks in connection with annual confidential reports, entry to the staff college, or fitness for special duty, etc , as they may be called upon to perform

SECTION V.—MILITARY HOSPITALS.

302 **Administration.**—The following hospitals etc, are under the administration of the D Ds and A Ds of M S but for purposes of discipline and interior economy are subject to the control of G Os C in C and G Os C —

Military hospitals

Section hospitals

Non dieted military hospitals

Military family hospitals

Dental centres

Military dispensaries

Hospital accommodation for troops moving and in camp

303 **Persons eligible for admission**—Military hospitals are established for the reception and treatment of the sick and wounded of the army in India including reservists and the auxiliary and territorial forces whenever embodied. Personnel of the Royal Air Force and Royal Indian Marine may also be admitted Other persons may be admitted to military hospitals under special sanction of the O C Station.

304 **Prisoners**—Prisoners who cannot be certified as fit for trial or commitment to prison in accordance with the certificates (modified, if necessary) on A. F B 116 C 355 and 388 or I A F D 913, will be sent to hospital

305 **Authorised accommodation and equipment**—The hospital accommodation and equipment authorised for troops and followers and the instructions relating to the supply custody repair and inspection of hospital buildings fixtures furniture and ordnance equipment are contained in Barrack Synopsis (India) and Equipment Regulations India Part 1 and Part 2 Section V

When accommodation is insufficient spare barrack rooms or tents may, under the orders of the O C station be utilized for the sick Extra equipment and furniture will be obtained *vide* paragraph 816, Regulations for the Army in India

[illegible]

306 **Floor and cubic space in hospital.**—The authorised superficial area and cubic space per bed and the details as regards buildings are laid down in Barrack Synopsis (India)

307 **Hospital barrack damages**—The orders contained in Regulations for the Army in India, which relate to barrack damages are applicable to hospitals Barrack damages which are not charge

320 Class of case accommodation—The following classes of cases will be accommodated in these hospitals—

(a) minor cases which only require a few days' treatment and for whom hospital diets are unnecessary

(b) serious or emergency cases pending transfer to a military hospital

321 Returns—The statistical returns will be rendered to the O C hospital to which the sick are sent and will be included in the return of that hospital, care being taken that the strength of the troops is also indicated.

322. Medicines and surgical appliances—Medicines and surgical materials will be supplied on indent by the O C the military hospital to which the sick are sent

Hospitals for troops moving and in camp

323 Hospital arrangements—The following hospital arrangements will be made for troops moving—

(a) By rail—Hospital accommodation as laid down in Regulations for the Army in India, Chapter XI and the equipment in E R. (India) Part 2 Section V D, medical personnel detailed as required from military hospitals

(b) By road—Such medical personnel and equipment provided from military hospitals and such ambulance transport
[illegible] D M. S concerned
[illegible]tions and cooking
[illegible] medical comforts
[illegible] for special cases

When necessary, one or more sections of a field ambulance may be detailed with the approval of the D M S

(c) At camps of instruction—Special as may be ordered

(d) By sea—See Marine Regulations, India Vol IV

Hospital clothing as actually required by troops proceeding to England by hired transports (not R I M vessels) will be shipped on the indent of the medical officer countersigned by the A D M. S. concerned

Dispensaries

324 Military dispensaries—Dispensaries are sanctioned at—

(a) Fort William—for dispensing the prescriptions for the station and district staff A ward with six beds for British troops is attached

(b) Fort St George—for dispensing the prescriptions for the ordnance staff and Governor's body guard

(c) Jubbulpore, Kirkee and Cossipore—for the treatment of factory employees

(d) Baroda—for followers.

(e) The Defensive Post, Multan—for the garrison. A detention ward is attached.

(f) Simla—Civil and Military Dispensary for civil and military staffs of the Government of India and attached offices and similar employees of the Punjab Government stationed at Simla.

(g) Summer Hill, Simla—dispensary for clerks of Army Head quarters living at Summer Hill.

(h) Harness and Saddle Factory, Cawnpore—for the employees of the factory.

(i) Proof Department, Balasore (Chandipore)—for the employees of the Dept.

(j) Rifle Factory Gate Dispensary, Ishapore—for the employees of the factory.

(k) Railway Rest Camp, Rawalpindi—for troops in the camp.

(l) Birdwood Barracks, Mozang (Lahore)—for the garrison.

(m) Gun Carriage Factory, Satpulla Vill.—for the factory employees.

(n) Cordite Factory, Arayankadu—for factory employees.

(o) Fort, Ferozepore—for the garrison.

(p) Fort, Govindgarh, Amritsar—for the garrison.

(q) Staff Surgeons' Dispensaries at Poona and Bangalore—for civil and military staffs and departments at those stations.

(r) Remount Depôts at Babugarh and Saharanpur—for the establishments of the Depôts.

(s) Clothing Factory, Shahjahanpur—for factory employees.

(t) Station Staff Dispensary, Mussoorie—for military officers and other ranks and their families living within the Municipal limits.

(u) Park Dispensary, Ishapore—for Park employees.

(v) Fort Dispensary, Jhansi—for the garrison.

(w) The New Nicholson Lines, Kohat—for the garrison.

(x) Garrison Dispensary, St. Thomas Mount.

(y) Fort, Peshawar—for garrison.

(z) Dispensary, Khandwa—for N. T. Company located there.

SECTION VI —HOSPITAL DIETARY.

325 **Articles of diet and scales of dietary** —The articles of hospital dietary and extras and their scales of issue, authorised for British and Indian troops and followers respectively are detailed in Scales of Rations and Supplies issued by the I A S Corps'

326 **Hospital dietary, to whom allowed** —(i) All persons entitled to admission into a military hospital (B M H, I M H or military family hospital) and admitted thereto for treatment will be provided with free hospital diets and extras subject to the payment of hospital stoppages if any authorised in each case, *vide* P and A Regs, Part II

(ii) Patients must be "admitted to hospital to entitle them to hospital diets Hospital diets will not be issued to patients on the first day of admission to hospital or to patients ' detained ' in hospital Such patients will be subsisted on extras

327 **Extras** —With the approval of the O C hospital officers in medical charge of patients in a military hospital or military family hospital may order for them as extras any authorised articles of food (including fresh fruit and extra ice) on drink procurable by the I A S C that they consider necessary for the sick (including British Soldiers' families)

328 **Variation in diets** —The O C hospital will arrange that or dinary diets are varied as much as possible, and that food is served in an appetising and attractive manner

329 **Hours of meals** —It is left to the discretion of the O C hospital to arrange the hours for meals so as to suit local requirements, care being taken that patients are not left too long without nourishment

330 **Ordering of diets and extras** —The officer in medical charge of the case will order such diet and extras as may be suitable for each patient on I A F M 1204 (Patient s diet sheet) and will bear in mind that all necessary economy, compatible with the well being of the patient, should be practised, in order that any undue issue of extras may be avoided

For patients in B M Hs having their meals in the dining hall, ordinary diet will be ordered on the patient s diet sheet by the medical officer in charge of the ward, and extras will be ordered by the O C hospital on the dining hall diet sheet

331 **Daily ward-requisition for diets and extras** —The daily re quirements of diets and extras for the ward will be compiled on I A F. M 1205 or M 1205 A by the assistant surgeon or sub-assistant surgeon in sub charge of the ward from patient s diet sheets, in accordance with instructions on the form The officer in charge of the ward is responsible for the correctness of these forms and will sign the re quisition before its submission to the storekeeper

332 **Supply o'**
ment dairy, the
evening Freque
should be made to ascertain the specific gravity and percentage of fat in order that adulteration may be detected

333 **Rejection of diet supplies**—The procedure to be adopted in dealing with articles of diet rejected by the O C hospital is laid down in Regs A I, para 463

334 **Civilian paupers' diets**—When destitute Europeans unconnected with the army are admitted to a military hospital statements of issues of diets and extras and of expendable medical stores will be sent to the C M A concerned

SECTION VII.—HOSPITAL EQUIPMENT, STORES AND SUPPLIES

GENERAL INSTRUCTIONS

335 **Definition**—Hospital equipment and stores include —

M E S equipment
I A S C supplies.
Ordnance equipment and clothing
Medical, surgical, X ray and dental equipment, stores and supplies.

336 **Authority for equipment**—Hospitals are equipped in accordance with E R (India) Part 2 Section V The rules relating to requisitions and the general procedure and responsibility connected with stores and equipment will be found in Regulations for the Army in India, Financial Regulations, India, and E R (India), Part I

337 **Custody of stores**—The senior member of the I M D and the hospital storekeeper respectively will be responsible under the direction of the O C hospital for the safe custody of such stores and equipment as the O C may direct Equipment and stores will be checked by the O C hospital or an officer detailed by him as follows —

Ration articles and articles of diets and extras at least once a month Hospital bedding and clothing at least every 3 months, all other classes of stores and equipment at least every 6 months, except barrack equipment which will be checked periodically by the Barrack master in conjunction with the O C

338 **Maintenance of accounts and equipment and stores**—(i) The O C hospital is responsible that regular accounts of all equipment and stores in his charge are maintained For this purpose equipment and stores will be arranged in groups according to the source of supply, a separate stock ledger or section thereof being allotted to each group

(ii) Expense books (I A F M 1227) will be maintained for the purpose of accounting for all expendable articles.

(iii) Two voucher registers will be maintained one for receipt vouchers and one for issue vouchers in which details of each voucher received or issued will be entered on receipt or issue of that voucher Each entry in the register will be numbered consecutively and a corresponding number entered on the voucher A fresh series of numbers will be used for each year

(iv) Detailed instructions of the current procedure for the maintenance of account of equipment and stores of military hospitals will be found in circulars issued from time to time by the D M S in India

NOTE.—Persons entitled to admission to a civil hospital will when admitted thereto be entitled to free hospital dietary subject to the payment of hospital stoppages as above

339 **Verification of stock**—When an officer is appointed to the command of a military hospital or other unit in possession of hospital equipment or stores he will at once take steps to check the accuracy of the stock of such equipment and stores in accordance with the instructions laid down in para 844 R A I

340 **Survey of stores**—Ordnance and clothing stores will be surveyed dealt with and replaced as laid down in E R (India) Part I and Clothing Regulations India

Stores supplied by the M E S will be surveyed and dealt with as laid down in M E S Regulations

341 **Gift equipment**—Ledgers for gifts of equipment *e g*, from the Indian Red Cross Society etc will be opened Any necessary charges for the upkeep of these articles will be met by the State

342 **Destruction of infected articles**—Articles which have been used in connection with persons suffering from infectious diseases and which cannot be properly disinfected will be destroyed under the orders of the O C station and these orders will form the voucher for their replacement

343 **Retention of condemned clothing**—Os C hospitals may retain for cleaning purposes such quantities of sheets and blankets (condemned as unserviceable) at the periodical inspection of equipment and clothing) as are required to last until the next inspection Accumulation of such material is prohibited

The O C will certify on I A F Z 2098 that he has personally seen the sheets and blankets torn into pieces suitable for cleaning purposes only

Articles of condemned hospital clothing must not be retained for cleaning purposes but will be disposed of in accordance with the orders of the C O O given on I A F Z 2098

344 **Disposal of Supplies and equipment on closure of hospitals**—When hospitals are temporarily or permanently closed the equipment will be disposed as follows —

M E S Equipment—To be returned to the M E S under the orders of the district or brigade commander concerned.

I A S C Supplies—To be disposed of under the orders of the district or brigade commander concerned

Ordnance Equipment—To be returned to the local arsenal in communication with the district or brigade commander and the C O O *concerned*

Medical Equipment—To be disposed of under the orders of the district or brigade commander concerned advised by the A D M S

Medical Equipment.

345 The term "Medical equipment" includes all articles specified in the Medical Store Department "Priced Vocabulary of Medical

Stores which are authorised for issue to the army and in addition, sera, vaccines and small pox vaccine lymph

346 Supply of medical equipment—(i) Medical equipment with the exceptions of sera, vaccines and smallpox vaccine lymph is drawn from the medical store depôts which are under the control of the D G, I M S

Medical equipment will be supplied in accordance with the scales laid down in E R (India), Part 2, Section V The authorised medicines and expendable articles for which no scale is laid down, may be obtained in such quantities as are approved by the A D M S

(ii) The medical equipment required for training and for isolation camps will be obtained by the nearest British or Indian military hospital from the Medical Store Depôt Urgent requirements will be issued from the equipment of these hospitals

347 Location of medical store depots—Medical store depôts are situated at Lahore Cantonment, Bombay, Calcutta, Madras and Rangoon.

The areas supplied by these depôts are as follows —

Lahore Cantt Depôt	Peshawar District Rawalpindi District Lahore District Kohat District Waziristan District.
Bombay Depôt	Baluchistan District. Sind Ind. Bde Area Mhow District (excluding Saugor, Nowgong, Kamptee, Nagpur and Pachmarhi) Bombay District Poona Ind Bde Area (excluding Belgaum) Persian Gulf Zhob Ind Bde Area
Calcutta Depôt	Meerut District Presidency and Assam District Saugor and Nowgong Jubbulpore, Kamptee, Nagpur and Pachmarhi Lucknow District Delhi Ind Bde Area
Madras Depôt	Madras District Deccan District Belgaum
Rangoon Depôt	Burma District

***348 Loan equipment**—Certain articles of extra medical and* surgical equipment are maintained at headquarters stations of districts

and independent brigades for issue on loan by A Ds of M S to hospitals as required Medical and surgical equipment not on charge on any particular hospital may be obtained on loan from another hospital in possession of the equipment required

349 **Instruments on loan from medical store depôts** —*Instruments and appliances may be obtained on loan from medical store* depôts on the usual indents which will be marked " on loan Articles so obtained will be taken on charge and accounted for in the ledgers in the usual way and must be returned without delay when necessity for their use is ended To the ledger entries in connection with such articles should be added the note on loan

350 **Retention of unauthorised articles** —Unauthorised articles of equipment will be entered in I A F M 1224, and may be retained only under the sanction of the A D M S No replenishing nor any repair of this unauthorised equipment is permissible as a charge against the State

351 **Economy.**—The strictest economy will be exercised in the use of medical equipment and in demanding the same Executive and *administrative medical officers will thoroughly satisfy them*selves that only such articles and quantities as are actually required are demanded, and in the case of expensive articles that the expense is fully justified and that no less expensive articles will suffice All indents will be carefully scrutinized, by administrative medical officers before submission to the medical store depôt

352 **Lard and beef suet** —Neither pig s lard, nor beef suet will ever be used in the preparation of ointments

353 **Nomenclature of equipment** —In describing equipment in ledgers vouchers, indents etc the item No in the Priced Vocabulary of Medical Stores will invariably be entered against each articles, and the nomenclature of this vocabulary will be adhered to Special stores not included in this vocabulary will be inserted in alphabetical order i n the section containing stores of a similar nature or description

354 **Annual and intermediate indents** —Supplies of medical equipment will be indented for annually on I A F M 1216 in accordance with the instructions on the form Intermediate demands should be avoided as far as possible When intermediate demands are absolutely necessary they may be submitted on I A F (Medical) 24 Telegraphic demands will be supported immediately by formal indents marked covering All indents annual, intermediate and " covering ' for medicines and expendable articles require the countersignature of the A D M S

355 **Local purchase** —In urgent circumstances medical equipment may be purchased locally by the O C hospital the cost thereof being met from the fixed allotments authorised for each hospital The sanction of the A D M S will be obtained before surgical instruments and appliances are purchased in this manner

Local purchases will be accounted for in the ledgers. The bills will be forwarded to the A D M S who will carefully scrutinise them and

check each item of expenditure, satisfying himself of the necessity for the purchase before passing the bills to the audit officer concerned

356 **Unpacking medical equipment**—All articles received will invariably be unpacked and checked in the presence of an officer. Observations regarding breakages, deficiencies, etc, will be recorded on I A F M 1216

357 **Despatch of medical equipment**—The conveyance of stores, disposal of empty packages and handling of dangerous goods will be carried out in accordance with the instructions laid down in E R., India Part I, and Regulations for the Army in India Chapter XI

358 [illegible]

359 **Storage and issue**—Surgical instruments will be kept in the operating room or dispensary, under lock and key Supplies of medicines will be kept locked up in the medicine store in hospitals where such a store exists. The expense bottles in the dispensary will be replenished as required from this store and all issues made to the dispenser will be recorded and checked Old stocks will be used up before new ones are issued

360 **Poisons.**—Poisons will be kept under lock and key in a room or cupboard set apart for the purpose They will not be stored in excess of actual requirements. Careful supervision to prevent improper expenditure will be observed in regard to the usage issue and dispensing of all hypnotic and poisonous drugs

361 **Stocks in hospital medical stores**—In military hospitals the stocks in the medical store will be held on charge in expense books but the drugs in the expense bottles and other consumable stores kept in the dispensary will not be so held on charge The drugs and other consumable stores in the dispensary will be replenished as required by the member of the I M D in charge of the medical store on R and D vouchers (I A F Z 2096) prepared by the dispenser and signed by the O C hospital A copy of these vouchers will be maintained for audit purposes. The quantities so issued from the medical store will be recorded in the expense books as they occur, and the indents will form the supporting vouchers when these books are examined.

362 **Disposal of equipment no longer required**—(*a*) Serviceable articles will be returned to the medical store depôt when in excess of scale

(*b*) Repairable articles will be returned to the medical store depôt [illegible]

(c) Unserviceable articles will be disposed of to the best advantage locally and the loss will be written off No such articles will be returned to the medical store depôt

(d) Obsolete articles i e, articles which are not stocked by medical store depôts and therefore are not included in the Priced Vocabulary of Medical Stores (India) will be disposed of under sub para (c) above locally by the medical units within the limit of financial powers laid down in para 8, Financial Regulations for the Army in India, Part I Where necessary the sanction of the next higher competent financial authority will be obtained

363 Disposal of deteriorated drugs, except chloroform which will in all cases be destroyed as unfit for use—Samples of deteriorated drugs including anæsthetics accompanied by a statement of the quantity to be disposed of will be sent direct to the Officer in charge, Medical Store Depot Madras for report by the Advisory Chemist of the Medical Store Department as to whether they can be economically reconditioned If found fit and worth reconditioning the Officer in charge, Medical Store Depôt, Madras will in due course inform the unit concerned where the bulk supplies are to be sent for that purpose Drugs not fit for reconditioning will be destroyed

364 Destruction of unserviceable articles—Articles recommended for destruction and drugs not fit for reconditioning will be destroyed They will not be *written off charge unless authority has been obtained* and their destruction has been carried out in the presence of a medical officer The following certificate will accompany the return in which the articles are written off —

> I certify that the above mentioned articles have been destroyed this day in my presence beyond the possibility of further use

365 Stocktaking—Stock will be taken of the medical equipment (a) whenever indents are prepared for fresh supplies (b) when I A F M 1224 is submitted (c) at the discretion of the O C hospital (See paragraphs 838 and 844, R A I)

366 Pocket instrument cases—Every member of the I M D in military employment will be supplied with a pocket case of instruments which he must produce at any time for inspection and pay for if lost by neglect etc The first issue will be free and subsequent issues or replacement of component parts will be dealt with under the ordinary rules

When a member of the I M D is transferred to civil employment or becomes non effective, the O C hospital will be responsible for the return of the pocket case to the medical store depôt which supplies the area in which the hospital is located In the case of transfer from one military appointment to another, each member of the I. M D. will furnish a certificate of possession to his O C who will forward the same with the other transfer documents of the assistant or sub-assistant surgeon. On proceeding on field service the certificate referred to

above will be furnished by each member of the I M D to the O C unit in the field in which serving In the event of death on field service the pocket case should be returned to the nearest advanced depôt of medical stores

367 **X-ray equipment** —X ray equipment will be obtained on indent from the X Ray Institute Dehra Dun Indents will be forwarded to the A D M S concerned for his countersignature after scrutiny by the local X ray specialist

368 **Disposal of X-ray stores** —X ray stores for disposal will be examined by a board of medical officers of which board the X ray specialist will be a member and disposed of in accordance with orders from the Superintendent X Ray Institute, Dehra Dun

FIELD MEDICAL EQUIPMENT

369 **Definition** —Mobilization or field medical equipment includes the medical equipment of field medical units and the field medical equipment of headquarters regimental and other units

370 **Storage** —Mobilization medical equipment of field medical units is stored in medical mobilization stores that of other units at military hospitals Equipment will be stored in a dry and well aired room and preserved as much as possible from exposure to the sun extremes of temperature vermin and insects

371 **Custody of the field medical equipment of units** —This though stored in military hospitals is on charge of the unit to which it belongs

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sub paras 4 and 5

The date of receipt of the panniers and the date of the last inspection should be noted on a slip pasted inside the pannier Sets of equipment should be labelled on the outside with the name of the unit to which they belong

372 **Examination of field medical equipment** —Field medical equipment will be frequently examined by the officer charged with its custody He will look carefully for any signs of deterioration in the volatile, deliquescent and perishable preparations tablets pills and rubber goods etc contained in medical panniers, and in the contents of other packages. See also para 112

373 **Care of articles liable to deteriorate** —Steel and plated articles liable to rust are best preserved by occasionally wiping them over with a perfectly dry piece of soft but not fluffy rag made slightly greasy with vaseline care being taken not to dull the edges of the knives. The valves of aspirators will be specially examined and the plungers cleaned and oiled when necessary All rubber goods should be very carefully stored and preserved by frequent manipulation

Articles for which special storage arrangements may be necessary, *e g*, rubber goods will be removed from the panniers, etc and stored separately

374. Removal of articles from equipment—Articles for 'turn over' will not be disposed of until a new supply has been obtained to replace them Field medical equipment will at all times be ready for issue and will be reserved exclusively for the unit to which it is allotted

375. Turn-over of field medical equipment—(i) Under the orders of the A D M S articles of field medical equipment likely to deteriorate in store will be periodically turned over by expenditure in military hospitals after they have been replaced by fresh stock The A D M S district or independent brigade when scrutinising indents from medical stores will whenever possible substitute for articles demanded similar preparations from the turned over stock of field medical units

(ii) Lists of the articles, and amounts of the same, proposed for turn over, will be prepared by D A Ds M S (Mob) and Os C military hospitals having field medical equipment of units in their charge and submitted in duplicate to the A D M S district on a date to be fixed by the latter The A D M S will then issue orders for the turn over of the articles

(iii) The following procedure will be adopted as regards the turn over of pills and tablets D A Ds M S (Mob) and Os C hospitals will, as the date for the submission of their annual indent approaches examine all pills and tablets in the field medical equipment in their charge and set aside —

- (*a*) all pills and tablets which show any physical change except P V M S items 269 and 280 for which see Appendix XXVI
- (*b*) all tablets containing Adrenalin Aspirin Digitalin or Digitalis Strophanthin and Trinitrin,
- (*c*) such quantity of the remainder that it is estimated can be consumed in military hospitals during the ensuing twelve months.

They will then indent on medical store depôts for the replacement of (*a*) (*b*) and (*c*) above by fresh stock and on its receipt return (*a*) to the medical store depôt and turn over (*b*) and (*c*) to military hospitals under the orders of the A D M S Any stock of (*b*) remaining after the requirements of hospitals have been met will be destroyed

(iv) At the time of turn over D A Ds M S (Mob) will prepare an estimate of the amount of drugs and tablets that will be required in replacement during the next turn over This estimate will be forwarded to the medical store depôt six months in advance in order to enable the depôt to be ready to meet large demands

(v) A statement showing the period of turn over for drugs etc for the guidance of medical officers will be found in Appendix XXVI

SUPPLY OF ARTIFICIAL LIMBS, EYES, AND SURGICAL APPLIANCES, EXCLUDING ARTIFICIAL DENTURES

376 *Surgical appliances may be supplied at the public expense as follows* —

(a) Artificial limbs and eyes—to British officers of the British and Indian services, British soldiers, and Indian officers and soldiers, who have, whilst serving, lost a limb or an eye also to W Os of the R I M , provided that such loss is the result of wound, injury or disease attributable to military duty

(b) Trt [illegible] butable to military duty

(c) **Abdominal belts.**—Abdominal belts to authorised public followers who receive on field service wounds necessitating the u e of such appliances or injuries to the abdomens

377 **Repair, replacement and method of supply**—The surgical appliances mentioned above will be replaced or repaired whilst a soldier continues to serve with the colours or the soldier s wife and children continue to be entitled to medical attendance After a soldier s discharge any appliances already provided for himself may be replaced or repaired at the discretion of the A D M S district or independent brigade concerned but such repairs and renewals will as a rule be restricted to soldiers who have been discharged as invalids In no case should the concession be allowed unless it is shown by a court of enquiry that the loss or damage arose from circumstances beyond the appl cant s control The concession noted in this paragraph does not apply to officers of the British or Indian services who have themselves to meet the cost of replacement and repairs

378 **Special provisions for disabilities sustained during the war of 4th August 1914 to 31st August 1921**—The regulations governing the supply of surgical appliances in these circumstances will be as laid down in A Is, I published from time to time

PROVISION OF SPECTACLES

379 **Supply of spectacles to serving soldiers**—Spectacles may be [illegible]

effic ent.

Only one pair of spectacles will be issued at public expense, in the first instance, but a soldier whose spectacles are broken or damaged on duty, in circumstances beyond his control may have them replaced at public expense

The following categories do not as a rule require glasses —

(i) Men with myopia of one D and under

(ii) Men with hypermetropia of two D and under, who are below the age of 30 years

(iii) Men with a slight degree of astigmatism, even though occasional headaches are complained of

(iv) Men with one amblyopic eye, and the other with normal vision

(v) Men who are seldom likely to be called upon to proceed on field service, such as, men in the Army Clothing Department, military farms, military prisons, etc

380 Applications for the supply of spectacles.—Applications for spectacles will be submitted to the A D M S, district or independent brigade concerned for sanction supported by the certificates and estimates, etc specified below, on I A F (Medical) 4

(*a*) A certificate that the individual s sight is so defective as materially to interfere with his efficiency

(*b*) A certificate that his vision can be so improved by the provision of suitable spectacles as to render him efficient

(*c*) A report by the specialist in ophthalmology showing the acuity of vision near and distant with and without glasses, for each eye separately

(*d*) A certificate from the O C [illegible]

(*e*) A statement showing the cost involved

381 Errors in near vision—In each case where spectacles are required to correct an error in near vision no supply should be sanctioned unless it is shown that the duties of the individual require him to use his near rather than distant vision

382 Records of issue—A copy of the prescription for glasses and measurements of frame and a note when an issue is made will be inserted in the soldier s field service pay book (A B 64, Part I) and medical history sheet

383 Strength of lenses—The following instructions regarding the strength of lenses authorised for issue to soldiers will be strictly adhered to and no spectacles outside these limits will be supplied

(*a*) No simple spherical lens will be supplied of a less strength than 0 50 dioptre, or of a greater strength than 10 00 dioptres

(b) No simple cylindrical lens will be supplied of a less strength than 0 50 dioptre, or a greater strength than 6 00 dioptres

(c) No sphero cylindrical lens will be supplied having before or after transposition —

(i) *One of its component parts less than 0 50 dioptre* and the other component part less than 1 00 dioptre

(ii) A combined strength greater than 12 00 dioptres, or

(iii) A cylindrical strength greater than 6 00 dioptres

(d) No sphero cylindrical lens will be supplied having a concave spherical surface combined with a convex cylindrical surface. All such combinations are capable of being transposed into a lens having a convex spherical surface combined with a concave cylindrical surface

(e) No quarter dioptre lenses will be supplied above 3 00 dioptres, and no half dioptre lenses above 6 00 dioptres No lenses with intervals of less than quarter dioptre will be supplied.

384 **Legibility of prescriptions.**—All prescriptions for spectacles are invariably to be completed in every detail and with due regard to legibility

385 **Contract rates for spectacles**—Contract rates for spectacles should be arranged for by A D. M S districts or independent brigades with a reliable firm of opticians

Spectacles may be supplied to a soldier at contract rates *on repayment*, if he is willing to bear the cost by a deduction from his pay, in circumstances other than those in which a free issue of spectacles can be made to him

SECTION VIII.—CORRESPONDENCE, REPORTS, RETURNS AND STATISTICS.

Correspondence, Reports & Returns

386 **Correspondence.**—The instructions laid down in Regulations for the Army in India, Chapter XIV regarding correspondence, reports and returns and the reference of questions to higher authority will be strictly complied with

387 **Stationery, etc**—Stationery army forms, books, etc, will be demanded in accordance with the instructions contained in Regulations for the Army in India, para 797

[illegible]

389 **R. A. F. returns**—Instructions with regard to the preparation of statistical returns for R A F personnel treated in military hospitals are laid down in Section XIII

390. **Dental returns**—See under Dental Treatment (Section X)

391 **Section and non-dieted hospital returns.**—Section and non dieted military hospitals will not submit separate reports and returns Details of these will be incorporated in the reports and returns of the parent hospital

Statistics

392. **Diagnosis.**—This will be made strictly in accordance with the instructions contained in the latest edition of the Nomenclature of Diseases

393 **Uniformity in returns.**—To ensure uniformity in statistical returns, the following procedure will be adopted —

(a) Di [illegible]

(b) Cases of fracture, stating whether simple, compound, impacted, or comminuted, and cases of contusion and sprain will be returned under the heading "Local Injuries" the region affected being named.

(c) Diseases due to animal parasites which are not included in the group of diseases due to infection will be shown under "Animal Parasites". The system or organ principally affected will be stated.

(*d*) An additional group, "Morbid conditions due to flying" will be added; this will include the following —

Sickness at high altitudes.

Fainting in the air

Exhaustion.

Vomiting

Vertigo

(*e*) When pneumonia occurs as a complication of existing influenza, the original diagnosis should be adhered to even though, when death occurs, pneumonia may be the immediate cause of death

(*f*) Gunshot wounds should be returned under "Local Injuries," a note being made as to whether the wound was "in action," "homicidal, "suicidal, "accidental" or "effects of old gunshot wound"

(*g*) Diseases due to "Effects of Heat" will be recorded as follows —

(i) Effects of Heat (Burn)

(ii) Effects of Heat (Scald).

(iii) Effects of Heat (Heatstroke)

(iv) Effects of Heat (Sunstroke)

(v) Effects of Heat (Heat exhaustion)

Numbers (iii) and (iv) will be reserved for the well known variety in which there are usually hyperpyrexia (with or without cerebral symptoms) and unconsciousness

Number (v) will be reserved for the type of case which is really a form of syncope from which men are apt to suffer when marching in a hot climate and in which the usual symptoms are sickness, dizziness and headache, accompanied by varying degrees of collapse and sometimes slight pyrexia

(*h*) Cases will not be returned under the heading of "Debility

(*i*) In cases of venereal disease fresh infections will always be shown in red, and relapse cases in black ink

(*j*) Car[illegible]

Carriers

394 Retention of copies of statistical returns —Office copies of hospital returns of health of troops should be retained and not destroyed without reference to the D M S

395. Hospital treatment A and D books —(*a*) *Books to be kept* — Separate A. and D Books for hospital treatment will be kept for

the following classes (except when the numbers are small, in which case one or more books will be used and divided as necessary) :—

A. Officers of the Regular Army (including officers of the Auxiliary Force, Territorial Force and Reservists when embodied).

B. Members of the M. N S.

C. Soldiers of the Regular Army (including soldiers of the Auxiliary Force, Territorial Force and Reservists when embodied).

D. British women and children.*|

E. Followers.

F. Auxiliary Force, Territorial Force and Reservists undergoing training.

G. Invalids retained after date of discharge from the service and soldiers and followers discharged from the service and admitted for further treatment on account of disabilities contracted on field service or for provision of artificial limbs

H. Personnel belonging to garrisons or forces overseas (not necessarily on field service) Distinction will be made between (*a*) transfers and (*b*) cases admitted while on leave from such forces In all cases particulars as to the force or garrison concerned will be entered in " Observations " column.

I. Sick and wounded transferred from active service in the field, the records of each campaign being kept distinct

K. All other patients.

All cases of sickness will be recorded, which are admitted to a military or a civil hospital.

(*b*) *Serial numbers* —Each section (A to K above) will have its own series of serial numbers commencing with 1 on the 1st January each year, the number being preceded by the letter of the Section to which the case belongs, *e g*, A-1, C-1, etc.

Except as noted below each admission will be given a serial number in black ink in the A and D Book, and each transfer a separate serial number in red ink.

Sick transferred from other hospitals or from boardship will not be entered as admissions but as transfers. All other cases will be entered as admissions

The following will not be given a serial number :—

(1) Women admitted for parturition only.

(2) Particulars of deaths out of hospitals. These will be recorded in red ink.

(*c*) *Patients discharged to attend for outdoor treatment* —When a patient is discharged from hospital to attend for outdoor treatment, his discharge will be completed in the hospital A. and D Book and the fact that he is to "attend" will be entered in the " Result "

(d) An additional group "Morbid conditions due to flying" will be added, this will include the following:—

Sickness at high altitudes.

Fainting in the air

Exhaustion.

Vomiting

Vertigo

(e) When pneumonia occurs as a complication of existing influenza the original diagnosis should be adhered to even though when death occurs pneumonia may be the immediate cause of death

(f) Gunshot wounds should be returned under 'Local Injuries,' a note being made as to whether the wound was 'in action,' "homicidal," 'suicidal" "accidental" or "effects of old gunshot wound"

(g) Diseases due to 'Effects of Heat' will be recorded as follows —

(i) Effects of Heat (Burn)

(ii) Effects of Heat (Scald)

(iii) Effects of Heat (Heatstroke)

(iv) Effects of Heat (Sunstroke)

(v) Effects of Heat (Heat exhaustion)

Numbers (iii) and (iv) will be reserved for the well known variety in which there are usually hyperpyrexia (with or without cerebral symptoms) and unconsciousness.

Number (v) will be reserved for the type of case which is really a form of syncope from which men are apt to suffer when marching in a hot climate and in which the usual symptoms are sickness dizziness and headache accompanied by varying degrees of collapse and sometimes slight pyrexia

(h) Cases will not be returned under the heading of 'Debility'

(i) In cases of venereal disease fresh infections will always be shown in red, and relapse cases in black ink

(j) Cases admitted to hospital for observation or treatment as 'carriers' will be shewn as "No appreciable disease" a note being made to show the disease for which they are "Carriers"

394 Retention of copies of statistical returns.—Office copies of hospital returns of health of troops should be retained and not destroyed without reference to the D M S

395 Hospital treatment A and D books—(a) *Books to be kept*—Separate A. and D Books for hospital treatment will be kept for

the following classes (except when the numbers are small, in which case one or more books will be used and divided as necessary) —

A Officers of the Regular Army (including officers of the Auxiliary Force, Territorial Force and Reservists when embodied)

B Members of the M N S

C Soldiers of the Regular Army (including soldiers of the Auxiliary Force, Territorial Force and Reservists when embodied)

D British women and children.

E. Followers

F Auxiliary Force Territorial Force and Reservists undergoing training

G. Invalids retained after date of discharge from the service and soldiers and followers discharged from the service and admitted for further treatment on account of disabilities contracted on field service or for provision of artificial limbs

H Personnel belonging to garrisons or forces overseas (not necessarily on field service) Distinction will be made between (a) transfers and (b) cases admitted while on leave from such forces In all cases particulars as to the force or garrison concerned will be entered in ' Observations ' column

I Sick and wounded transferred from active service in the field, the records of each campaign being kept distinct

K All other patients

All cases of sickness will be recorded which are admitted to a military or a civil hospital.

(b) *Serial numbers* —Each section (A to K above) will have its own series of serial numbers commencing with 1 on the 1st January each year, the number being preceded by the letter of the Section to which the case belongs, *e g*, A 1, C 1, etc

Except as noted below each admission will be given a serial number in black ink in the A and D Book, and each transfer a separate serial number in red ink

Sick transferred from other hospitals or from boardship will not be entered as admissions but as transfers All other cases will be entered as admissions

The following will not be given a serial number —

(1) Women admitted for parturition only.

(2) Particulars of deaths out of hospitals These will be recorded in red ink.

(c) *Patients discharged to attend for outdoor treatment* —When a patient is discharged from hospital to attend for outdoor [illegible] his discharge will be completed in the hospital A. and D Book and fact that he is to "attend" will be entered in the ' Result [illegible]

(*d*) *N. Y. D venereal*—In the case of venereal sore, the words "Venereal sore" will be entered in the "Diseases" column in pencil until the diagnosis is definitely established when the correct disease will be entered in ink

(*e*) *Errors in diagnosis*—When a disease has been wrongly diagnosed, the original entry will be crossed out in such a way as to remain legible and the new diagnosis inserted above in red ink.

(*f*) *Patients suffering from two diseases*—When a patient is suffering from two diseases, he will be admitted for the more serious one and the existence of the second disease will be noted in the "Observations" column of the A and D Book. Should the second disease persist after his recovery from the one for which he was admitted, he will be shown as discharged on the date he recovered from the first disease and re-admitted on the following day for the other disease, both in the A and D Book and in the monthly return

(*g*) *New disease supervening*—Should another disease supervene upon that for which the patient was admitted, the fact will be noted in the "Observations" column of the A and D Book Should the new disease persist after the patient has recovered from the first disease, the patient will be shown as discharged on the date he recovered from the first disease and as readmitted on the following day for the new disease both in the A and D Book and in the monthly return

396 Barrack treatment A and D books—(*a*) *Books to be kept*—*Separate A and D Books for barrack treatment will be kept up for* the following classes —

- (i) Officers of the Regular Army (including officers of the Auxiliary Force, Territorial Force and Reservists when embodied)
- (ii) Members of the M. N S
- (iii) Soldiers of the Regular Army (including soldiers of the Auxiliary Force, Territorial Force and Reservists when embodied).
- (iv) British women and children
- (v) Followers
- (vi) Auxiliary Force, Territorial and Reservists undergoing training

All cases treated in barracks or quarters will be entered The various columns in the A. and D Book will be completed as for admissions to hospital, the "admission" and "discharge" columns being used for "placed on" and "taken off" the sick list respectively, the number of days each case is under treatment being recorded.

(*b*) *Patients "detained" in hospital*—These will be shown in the *barrack treatment A and D Book during the period for which they are* detained.

(*c*) *Patients marked "attend."*—These will be shown in the barrack treatment A. and D Book for the whole period during which they attend. A patient discharged from hospital to "attend" will be shown in the barrack treatment A. and D Book as a transfer received from hospital and will be accounted for as a transfer in A. F. A 31-A

N B—Those reporting for medical inspection, inoculations etc, and those marked "M and D" will not be recorded in the A and D Book.

(*d*) *Patients transferred from barrack treatment to hospital*—When a patient under treatment in barracks requires admission to hospital, the words "transferred to hospital" with date, will be entered in the "Observations" column in the A and D Book for barrack treatment The case will be entered as an admission in the hospital A and D Book in the ordinary way

397 **Hospital record cards**—(*a*) A F I 1220 will be made out for each case admitted or transferred to hospital including admission to a civil hospital A card will also be made out for each death occurring out of hospital Cards will not be required for cases treated in barracks or in quarters or in non dieted hospitals

(*b*) *Immediately* after the disposal of the patient to whom the A. F I 1220 refers, whether by discharge, transfer, invaliding or death, the card which should not be folded, will be forwarded to —

The Director of Medical Services in India Army Headquarters Simla

Before despatch the O C hospital will satisfy himself that the card has been correctly completed

(*c*) *Cards to be confidential*—The cards are confidential documents and will not be given nor will their contents be divulged to patients, nor will they be kept where patients may have access to them

(*d*) *Errors in diagnosis*—When a diagnosis is found to be erroneous, the original entry will be crossed out in such a way as to remain legible and the new diagnosis will be entered above it

(*f*) *Suicides*—In a case of suicide the word 'Suicide' will be written against the cause of death and the supposed motive will be given The result of any enquiry held will also be given When no enquiry is held the fact should be stated

NOTE—The Hospital Record Card System of recording cases is at present in force for British military hospitals and British sections of Indian and combined military hospitals only

(*g*) *Patients remaining in hospital on 31st December*—On 1st January each year a new card with a fresh serial number will be made out for each patient who remained in hospital on the previous day, the word Remained being written on the top of the new card The old cards of these patients will then be forwarded to the D M. S, the word, Remaining' being written on the card.

398 Medical case sheets—Officers will carefully record on A F I 1237 all cases of professional interest or of serious illness and every case concerning which reference is likely to arise A note will be made on A F I 1220 whenever A F I 1237 has been made out The case

sheets of patients under treatment will be kept in portfolios provided for this purpose and will not be allowed to fall into the hands of patients The first and last entries will be signed and transfers from one medical officer to another attested by their signatures

The etiology, present condition, changes in symptoms, diagnosis, treatment, etc, will be clearly and concisely recorded and in fatal cases the result of the *post mortem* examination if held The diagonsis will be in accordance with the Nomenclature of Diseases Medical case sheets together with other clinical documents, on discharge of the case from hospital will be filed and retained in the hospital. Those of fatal cases and of special professional interest will be signed by the O C hospital and forwarded *in original*, with laboratory and other relevant reports, to the A D M S for perusal before being filed in the hospital

Medical case sheets of fatal cases of cholera, dysentery, enterica, malaria syphilis heatstroke or any uncommon disease will be forwarded to the D M S in India through the usual channels

399 **Surgical operation book**—Os C hospitals will satisfy themselves from time to time that clear and concise records of all operations are entered in A. B 485

400 **Monthly returns**—(*a*) *A monthly return on A. F. A 31* of officers members of the M N S, warrant officers, N C Os and men

Each return will contain the details for the calendar month. Errors will be notified at once direct to the D M S, D D M.S and A D M S

(*b*) *Returns to be rendered*—Separate returns on A F A 31 will be rendered as follows —

(i) One for troops who submit A F A 20 and whose strength is shown in Table III of the A F A 31 for the station

(ii) One for cases admitted from troops whose strength is not shown on the return A *nil* return is not required, but a note should be made in the column of remarks of the A. F. A-

(iii) Auxiliary Force, Territorial Force and Reservists undergoing training

(iv) Overseas cases

NOTE 1—*M N S*—The names of nurses and the diseases for which they are admitted will be entered on a slip attached to A F A 31

NOTE 2.—*Indian soldiers invalided by medical boards and retained in hospital after the date of their discharge from the service*—A separate A F.A 31 is not required, but a note should be made on the form showing (1) how many Indian soldiers were discharged from the service as invalids and (2) how many discharged invalids are retained in hospital Statistics regarding such retained invalids should not be entered in the body of the form.

(c) *Compilation of A. F. A-31.*—No additions or alterations will be made to the printed list of diseases without special instructions from A. H. Q

All cases when first received in hospital (including those from camps, manœuvres and the line of march) will be returned as admissions.

Sick transferred from other hospitals or from boardship will be returned as transfers.

401. Cases sent to convalescent Depôts—British troops sent from a hospital to an enteric or other convalescent depôt will be shown in Table I of A F. A 31 in the column "Discharged" and not in the column "Transferred to other hospitals"

402. Returns of sick in camps, Manœuvers and on the line of march.—(a) Where the strengths of the troops are shown on the A. F. A-31 of a hospital, all sick in such camps, etc, will be included in the A. Fs A 31 or A 31 A of the hospital receiving such sick.

(b) Where the strengths of the troops concerned are not shown on the A. F A 31 of any hospital a return of sick will be rendered on I. A. F. M 1235 (Return of sick of troops whose strength is not shown on the A F A 31 of any hospital).

403. Returns of Patients in Civil Hospitals.—A patient sent to a civil hospital for treatment will be accounted for on A F. A 31 or I. A. F. M 1230(a), rendered as though the patient was in the military hospital rendering those returns In the space for remarks on the back of the return a note will be made stating the name of the civil hospital to which the patient was sent, the date of admission thereto, the nature of the disease or injury and the date of return to the military hospital or disposal otherwise In the case of British patients A. F. I-1220 will also be completed and an entry made showing the civil hospital in which the patient was treated

404. Returns of Barrack Treatment.—A F. A 31-A—A separate return on A F A 31 A will be rendered for each of the following groups when treated in non dieted hospitals, barracks or quarters :—

(i) Troops who submit A F A 20 and whose strength is shown in Table III of the A F A-31 for the station.

(ii) Auxiliary Force, Territorial Force and Reservists when undergoing training

NOTE.—In the case of troops whose strength is not shown in Table III of the A F.A 31 of any hospital, the barrack sick will be shown on I A F M 1235 (*see* para. 402(b).)

When the medical officer orders "medicine and duty," or "excused duty," for the day only on which the patient first reports sick, the patient's name will not be entered in the barrack admission and discharge book nor included in the numbers shown on A. F. A 31-A.

A. F. A-31 A will be forwarded with A. F. A-31 direct to the D. M. S. by the O. C. of every military hospital. Copies will be sent direct to the A. D. M. S. and D. D. M. S. with A. F. A-31. *Nil* returns are not required but a slip stating that no sick were treated in barracks will be attached to A. F. A-31.

406. Returns of sick on Boardship.—These will be rendered on A. F. B-182.

406. Monthly and Annual Return of followers.—A monthly and an annual return of followers admitted to hospital will be rendered on I. A. F. M-1230 (*a*).

407. Annual Returns.—A. F. A-32 will be rendered *for Indian troops only* in accordance with the instructions on the form. Separate returns will be rendered for the following classes:—

(i) Troops who submit A. F. A-20 and whose strength has been shown in Table III of the A. Fs. A-31 submitted for the station in accordance with para. 400 (*b*) (i).

(ii) Overseas cases.

NOTE.—The statistics of the sick of troops whose strength has not been shown on the A. Fs. A-31 rendered [illegible] the D. M. S. from the A. Fs. A-31 [illegible] in accordance with para. [illegible]

408. Annual Report of Medical Transactions.—The annual report of medical transactions and prevailing diseases to which will be attached the medical case sheets of all fatal cases for the year under review will be submitted by the O. C. military hospital to the A. D. M. S., district or independent brigade by 15th January each year. A. Ds. M. S. will forward these reports to D. Ds. M. S. accompanied by a brief general report on the equipment, accommodation, organisation and general working of the hospitals.

The D. D. M. S. will forward the transactions and reports to the D. M. S. as soon as possible after perusal.

409. Venereal case cards, reports and returns.—Venereal reports and returns will be rendered and venereal case cards dealt with in accordance with the instructions laid down in Appendix X.

SECTION IX.—MEDICAL BOARDS AND INVALIDING, CASES OF MENTAL DISABILITY AND THEIR DISPOSAL.

GENERAL

410 Convening and composition of medical boards—Medical boards will be assembled under the orders of the district or independent brigade area commander whenever necessary and will ordinarily be composed of a president and two members, but, if this number is not available a board may consist of two medical officers only

If it can be avoided the medical officer in charge of a case should not be a member of the board which considers it, and in no instance may he act as president of the board

411 President of Medical Boards—(a) *British officers and British other ranks*—(i) The A D M S district or independent brigade area will be the president of all medical boards held on British officers of the British or Indian services and on British other ranks who are boarded—

- (a) with a view to recommending them for leave out of India on medical grounds or for invaliding as unfit for further service or change to England
- (b) for pension in respect of disabilities attributable to war or to ordinary military service

Should exceptional circumstances prevent the A D M S presiding at such boards the O C B M H in the station will be president

(ii) The O C B M H in the station will be the president of medical boards held on British officers and British other ranks in circumstances other than the above

(b) *Indian officers, Indian other ranks followers, etc*—The O C, I M H will ordinarily be the president of medical boards held on these personnel

412 Cases dealt with by medical boards—The following classes of personnel of the Army in India will be dealt with by medical boards in the circumstances and in accordance with the instructions on the forms and in the regulations noted below—

- (a) (i) Officers of the British and Indian service, soldiers on the I U L., Lady nurses, school masters and school mistresses, families of officers of the Indian service, of soldiers on the I U L., of school masters and school mistresses, recommended leave, furlough or change of climate on medical certificate—See I A F. M 1243, P. and A Regs. and Regulations for the Army in India
  - (ii) Families of officers and of other ranks of the British service recommended for change of climate on medical ... ficate—See A. F A-2.

(b) Warrant and N C Os and men of British corps, proposed for change of climate, or invaliding, see A F. B-179 (modified for India), A. F. B 3977, and Regs for the Army in India
(c) British cases of mental disease including women and children —see paras 452 457 *et seq*
(d) British officers and Lady nurses claiming wound, injury or disability pensions or gratuities—see A F. A 45, A F A 45-A, M. P O Form 45 F. A, Royal Warrant for Pay, etc and Pension Regulations, India
(e) Individuals applying for furlough or leave (under the 1866 or 1875 rules) on account of disability which originated on field service—see I A F M 1243.
(f) Members of the I M. D proposed for invaliding—see I A. F. A 311 and Pension Regulations, India
(g) Indian officers, soldiers, and followers considered unfit for further service, or claiming wound, pensions or gratuities —see I A Fs Y 1948 and M 1265, Pension Regulations, India
(h) Unattested followers, and persons serving under the C. S Regulations (under 60 years of age), proposed for invaliding or claiming pension—see I A F M 1239, I A F. (Medical) 8 and C S Regulations
(i) Indian cases of mental disease—see para 458

413 Necessity for care and accuracy —When answering the questions of the various Army Forms and India Army Forms members of medical boards must bear in mind that the disposal of the invalid, and the determination of the individual's eligibility for a disability pension or gratuity, is mainly decided on the facts brought to the notice of and opinions expressed by the board. Hence it is of paramount importance that the proceedings should show on what facts the boards, have based their opinions, or their reasons for arriving at a conclusion.

414 Definition of term "attributable to military service"—(a) A wound or injury will be regarded as attributable to military service only when it is incurred during the actual performance of military [illegible] In this connection [illegible] y, will be regarded as attributable to military service only when it arises directly out [illegible] It will [illegible] of such [illegible] would [illegible]

415 Proceedings confidential.—Proceedings of a medical board will be treated as confidential except as noted below —

(i) In the case of an officer who is found fit to return to duty, the president of the medical board will so inform the officer and will instruct him to report himself for duty forthwith

(ii) In the case of an officer who is found temporarily unfit, the president will inform the officer of the board's opinion as to the period of unfitness

(iii) In the case of an officer who is found permanently unfit, the president will inform the officer of the opinion of the board, making it clear to him that the information should not be acted upon until it is confirmed by the War Office, India Office or Army Headquarters

416 Dates of boards on British officers, British other ranks, and the families of these and on members of Q A I M N S and Q A M. N S I.—Emergency medical boards may be held as required Regular medical boards for the invaliding season will be held in accordance with the instructions on "Trooping" issued in I A Os

417 Disposal of Documents—General —(a) *British personnel* — The Medical Board proceedings of all persons recommended for sick leave to England, or for invaliding *ex* India will be disposed of in accordance with instructions on 'Trooping' issued from time to time in I A Os Invaliding documents should reach the D M S in India not later than three weeks after the date on which the Board is held or earlier if possible Where this is for any reason impracticable, an explanation of the delay should be given

The proceedings of medical boards held in other circumstances *e g*, sick leave in India will after approval by D Ds M S or in the case of Burma District by the A. D M S be disposed of in accordance with the instructions on the forms or in regulations applicable to each case (*vide* para 412)

Should the approving authority not concur in the finding of a medical board he may direct that—

(1) a fresh board be held, or

(2) the case be retained in hospital for further treatment, or

(3) the case be disposed of otherwise as he may consider suitable in the circumstances

(*b*) *I M N S and matrons family hospitals* —Medical boards held on members of these services will be approved by the A Ds M S (see also paras 428 and 429)

(*c*) *Indian personnel* —The medical board proceedings will, after approval by A Ds M S be disposed of as directed on I A F Y 1948 [illegible] 418 Despatch of invalids and insanes to the U K.—Arrangements will be made by the Os C hospitals for the despatch of invalids to the U K in accordance with the instructions on trooping issued from time to time in I A Os

419 R A F medical boards —Instructions regarding the medical boards and invaliding of R A F personnel are given in Section XIII

British officers

420 Statement of case —On the occasion of an officer's first appearance before a medical board the circumstances under which

the disability was contracted will be fully detailed and a statement of the case by his medical attendant will be attached to the proceedings of the board

421 **Proceedings of previous medical boards**—When an officer is ordered to appear before a medical board the A D M S will arrange that if possible, copies of the proceedings of any previous medical boards on the officer are available for the information of the board

422 **Opinion of subsequent medical boards**—Medical boards when recording their opinions as to causation, degree of disability and fitness for general service, will be careful not to allow their decisions to be influenced unduly by the proceedings of the previous medical boards In the event of their disagreeing with the opinions expressed by previous boards they will state the grounds on which they base their disagreement

423 **Delayed recovery through inadequate treatment**—Medical boards on sick officers will enquire into the treatment of the case and will report if they consider an officer s recovery is being delayed through inadequate treatment or neglect of proper precautions.

424 **Invaliding and leave *ex*-India on m c**—When recommending British officers of the British or Indian Service for invaliding or leave on m c *ex* India medical boards will be guided by the rules in Regulations for the Army in India, para 881

425 **An officer unfit to manage his own affairs**—When an officer suffering from mental disease or extreme illness is not fit to manage his own affairs and is sent to the U K on leave on m c it will be the duty of his immediate superior to see that the necessary documents (see I A F Z 2053) are made over to the sick officer s attendant and that the date of his departure is telegraphed to the staff officer who is charged with making arrangements for his passage

426 **Annual confidential reports on officers**—Officers who are reported to be unfit for general service when examined in connection with their annual confidential reports will be brought before a medical board unless the disability is of a temporary nature A copy of the proceedings of the medical board as well as the medical officer s certificate will be attached to the annual confidential report

Military Nursing Services

427 **Q A I M N S and Q A M N S I**—The instructions regarding the invaliding of British officers apply also to members of the Q A I M N S and Q A M N S I

428 **The I M N S**—If a member of the I M N S is considered unlikely to become fit for full duty on the expiration of the leave on [illegible]

granted to her

429 **Matrons military family hospitals** —A matron of a military family hospital who has, in the opinion of a medical board, become unfit for full duty from any disability will be given notice under the terms of her contract by the A D M S district or independent brigade if he concurs with the findings of the board

British other ranks

[illegible]

disposed of on arrival in the U K When however a case is obviously and unmistakably unfit for further service he may be recommended for discharge as unfit for further military service or if domiciled in India he may be discharged in accordance with King s Regulations and Regulations for transfer to the Army Reserve and discharge When it is proposed to invalid a soldier *ex* India the O C hospital will submit A. F B 179 (modified for India) with other necessary clinical documents, to the A D M S , who will if he considers that the soldier should be invalided, return the documents and sanction the man s appearance before a medical board

431 **Special reports on cases** —If considered necessary the soldier's regimental conduct sheet and a statement regarding his efficiency will be obtained from his O C Specialist's reports and photographs or radiographs bearing on the case will, if available be attached to A F B 179.

432 **Documents for medical boards** —The O C hospital will be responsible that all necessary documents are placed before the board for each case and also current orders and instructions relating to medical boards and invaliding

433 **Cases of epilepsy** —Before a diagnosis of epilepsy is accepted, a certificate will be given by a medical officer to the effect that he has seen the patient in a true epileptic fit, or, if the medical officer is unable to give such certificate but is satisfied that the patient is suffering from true epilepsy, he will state in writing the grounds on which he bases his opinion When the officer commanding the hospital is satisfied, on the above information that a soldier is suffering from true epilepsy, he will arrange for him to be brought before a medical board with a view to his discharge from the Army The medical officer s certificate or statement will be attached to the Medical Board proceedings

434 **Defects of vision** —Invaliding for defects of vision will, except in special cases be limited to men whose visual acuity has deteriorated since enlistment A statement will be obtained from the man s commanding officer stating what class shot he is This will be taken into consideration in deciding whether the man is to be invalided.

435 **Disposal of special reports** —The special certificates required under paras 431 433 and 434 above will in all cases accompany the medical board proceedings when these are forwarded to Army Headquarters.

436. Cardiac affections.—Cardiac cases will be admitted to hospital for thorough examination and treatment and will not be brought before a medical board unless treatment fails to remedy the condition within a reasonable time.

437. Flat-foot.—If the joints of the tarsus are flexible, and the arch re appears when the man stands on tip-toe, flat foot is no bar to military service. Invaliding for flat-foot will be reserved for those rare cases in which the foot is everted, the tarsal joints are stiff and the man is unable to march.

438. [illegible]

439. Defects present on enlistment.—As a general rule men should not be invalided for defects which were present on enlistment.

440. Change of climate.—As a rule, invaliding for "change of climate" should not be resorted to until change to the hills has first been tried. This does not refer to special cases which would not be benefitted by change to the hills.

Families of British troops.

441. Medical boards and invaliding.—When it is considered necessary to invalid the wife or child of an officer or soldier, the procedure for the invaliding of soldiers will be followed, the case being reported on by a medical board on A. F. A-2

442. Documents, disposal of.—The medical documents in connection with soldiers' families who are sent to the U K in consequence of ill health will be disposed of in accordance with instructions on trooping and invaliding as published from time to time in I. A. Os.

Indian troops and followers.

443. General.—Medical boards may be assembled at any time. When a board cannot be assembled, the O C. corps is authorised to dispose of cases on the certificate of a medical officer. Men of the Punjab Police may be brought before invaliding boards assembled on Indian troops.

When Indian officers, non commissioned officers or men, non-combatant departmental and regimental employees or followers of the supplemental services are invalided from the service, the board will give an opinion as to whether the disability is or is not attributable to military service, will assess the disability on a percentage basis vide Pension Regulations, India, para. 211, and will state [illegible]

Note.—In regard to cases where awards of disability pensions are concerned a medical board is always necessary and the certificate of a single medical officer will

444 Procedure for invaliding—When it is considered that an Indian officer trained soldier or follower should be invalided from the service a statement of the case with the medical history sheet will be forwarded by the O C hospital to the A D M S

If the A D M S concurs he will return the documents and direct that a medical board be held The O C hospital will then inform the O C the individual s unit and request him to forward I A F Y 1948

Recruits will be dealt with as laid down in Regs for the Army in India paragraph 190 As a general rule recruits should not be invalided for defects that were present on enlistment

445 Finding of the board—The medical board having recorded their opinion on I A F Y 1948 will return all the documents to the O C hospital for transmission to the A D M S If the A D M S concurs in the opinion of the board he will endorse I A F Y 1948 accordingly and return the documents to the O C hospital who will then proceed in accordance with the instructions on I A F Y 1948 If the A D M S does not concur in the opinion of the board the procedure will be as laid down in last sentence of para 417 (*a*)

446 Tubercle of lung and other diseases—Care will be taken that cases suffering from tubercle of the lung are brought before medical boards for invaliding as expeditiously as possible and that their early return to their homes is facilitated

The principles laid down in paras 432 to 439 will apply to the invaliding of Indian troops and followers

447 Amputation cases—A soldier or follower who has lost a limb will not be brought forward for invaliding until the stump is completely healed and ready for the fitting of an artificial limb

448 Invalids unfit to be moved—When the condition of an Indian soldier or follower whose discharge as an invalid has been approved, is such as to prevent his immediate removal from hospital he may be retained as a free patient for further treatment at the discretion of the O C hospital

Mental Disease

449 Responsibility of the medical services towards cases of mental disability—(i) Any person subject to the Army Act showing symptoms of mental disability will at once be admitted to a British military hospital and placed under observation and treatment If no military hospital exists in the station he will be transferred to the nearest station in which one is situated

(ii) The same procedure will be carried out in the case of persons subject to the Indian Army Act who will be admitted or transferred to an Indian military hospital

(iii) If any person residing in a Cantonment and entitled to medical attendance under para 271, shows symptoms of mental disability the authorised medical attendant will report the case at once to the O C station and invariably state in his report the amount of control which in his professional opinion should be exercised over the said person and whether the said person is likely to be dangerous to him self or others In the event of the medical attendant reporting that the person concerned should be placed under control, the O C station will be responsible that steps are forthwith taken to place the said person under proper and suitable control either in a military or civil hospital If for any reason the O C station considers it undesirable that the said person should be placed in a military or civil hospital or if the relatives or friends of the said person object to his or her being so placed, the O C station will report the case at once to the civil authorities so that action may be taken under the provisions of the Indian Lunacy Act, 1912

(iv) If any person in a Cantonment not subject to the Army Act or to the Indian Army Act and not entitled to medical attendance under para 271 shows symptoms of mental disability, the case will be dealt with by the civil authorities.

450 Procedure on admission of a case of mental disease to a military hospital—(i) When a person suspected to be suffering from mental disease is admitted to a military hospital for observation a consultation will if considered necessary, be arranged with the military specialist in mental disease If a consultation with a military specialist

When applying for the services of a mental specialist the medical case sheet and A F B 183 will be forwarded, the mental specialist will then decide whether it is necessary for him to see the case

(ii) If a definite diagnosis of mental disease (lunacy) is made or if so diagnosed at any time while under observation, the case will be brought before a medical board and dealt with as laid down in para 452 *et seq*

(iii) If a definite diagnosis of mental disease has not been made, and if the patient recovers before he has been under observation for a continuous period of thirty days, he may either be discharged from hospital as fit to return to duty or to resume his usual occupation, or he may be brought before a medical board for the purpose of being granted sick leave or being invalided

(iv) If a definite diagnosis of mental disease (lunacy) has not been made and if the patient has not apparently recovered after having been under observation for a continuous period of thirty days, he will, without further delay, be brought before a medical board for examination and report In all such cases A F B 183 will be attached to the Board proceedings.

The medical board may recommend that the patient—

(a) be discharged to duty, or to resume his or her occupation, if the board considers that the patient has recovered

(b) be granted sick leave or invalided *ex* India

(c) be referred for further observation and treatment

(d) be disposed of as in para 452 *et seq*

[illegible]

not later than thirty days after the date of assembly of the previous board. This second board will decide how the patient should finally be disposed of, that is, that the patient—

(a) be discharged to duty, or to resume his or her occupation, if the board considers that the patient has recovered.

(b) be granted sick leave and or invalided *ex* India

(c) be disposed of as in para 452 *et seq*

NOTE —(i) No patient who has been kept under observation on the recommendation of a medical board in the circumstances described in this paragraph will be discharged from hospital or removed from the sick list except on the recommendation of a second medical board

(ii) Whenever a medical board is held on a case of mental disability or of suspected mental disability the officer in medical charge of the case will prepare a statement of the case on A F B 183 (modified when necessary) for the information of the board

451 **Management of cases of mental disability**—(a) Cases of suspected mental disability and certified insanity, when practicable, will be accommodated apart from other patients

(b) Os C hospitals will be responsible that special instructions are issued in writing regarding the management of each case, and they will be responsible for the general bearing and conduct of subordinates and medical attendants towards these cases

(c) The medical officer in charge of a mental case will be responsible that a careful and accurate statement of the appearance, demeanour, conduct and conversation of the patient is recorded daily by the attendants He will invariably verify these statements and record regularly his own observations on those points immediately after each visit

(d) Mechanical restraint will be restricted to the use of the straight jacket and bed sheet Orders for attendants on insanes are given on I A F M 1202 and these should be supplemented if necessary, in any special cases by the O C hospital (*vide* sub para (b) above)

[illegible]

that all instructions and orders are rigidly carried out

(f) When a case of mental disease (soldier) is transferred or discharged from hospital he will invariably be removed in the presence of a medical officer who will be responsible that he is dressed with due regard to health and comfort and will instruct the escort as to the peculiarities of the patient particularly as to whether he has displayed suicidal or homicidal tendencies. Whenever possible in the case of British ranks suffering from mental disease a mental nursing orderly will be detailed as one of the conducting party.

(g) Before transferring a case to a mental or other hospital it will be ascertained that accommodation is available.

Disposal of cases of mental diseases.

452. General.—In addition to the preceding rules in regard to medical boards and invaliding the following special instructions will be carried out in dealing with cases of mental disease.

Persons subject to the Army Act

453. Certification and disposal.—(i) After the individual has been kept under observation in the manner prescribed in para 450(i) and a definite diagnosis of mental disability has been made, the officer commanding the military hospital will arrange for the patient to be again examined by two medical officers separately and at different times.

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India) and B 183 will be laid. Neither of the medical officers who signed the Lunacy Certificate shall ordinarily be a member of the Board. If the Board is satisfied as to the patient's insanity, he shall then be formally declared to be a lunatic for the purpose of the Indian Lunacy Act, 1912 and these regulations.

(ii) The completed medical board proceedings and lunacy certificates will be forwarded to the D. D. M. S. or A. D. M. S. concerned who will decide whether the patient should be sent to a mental hospital or be detained at his station pending embarkation for the U. K.

(iii) Should the D. D. M. S. or A. D. M. S. concerned decide that the patient is to be sent to a civil mental hospital he will make a reception order on I. A. F. M 1246 under the authority of Section 12, Indian Lunacy Act of 1912—the reception order will be made out not later than seven clear days after the earlier of the two examinations on which the lunacy certificates are based. The A. D. M. S. should send as early as possible a certified copy of the reception order to the person in charge of the mental hospital into which the lunatic is to be admitted.

Ordinarily the reception order will be made out for the admission of the lunatic to the mental hospital at Yeravda, Poona, but in urgent

cases an order may be made for admission to the mental hospital at Lahore, Ranchi, Madras or Rangoon However, mild cases will be sent to the B M H, Deolali.

(iv) Officers and other ranks domiciled in U K who are invalided for mental disease will be sent to the United Kingdom as soon as possible Those admitted to asylums or mental hospitals in India under the provisions of Section 12 Indian Lunacy Act will, as soon

ments can be made

(v) In the case of officers and other ranks domiciled in India the officer commanding station will apply to the magistrate for a reception order under Section 5 of the Indian Lunacy Act of 1912 The application will be made on I A F M 1245 (Form 1 Schedule 1, Indian Lunacy Act of 1912) supported by two Lunacy Certificates on I A F M 1244A (Form 3, Schedule 1 Indian Lunacy Act of 1912)

If the magistrate makes a reception order steps will be taken to obtain the retirement or discharge of the lunatic, under the provisions of the Royal Warrant and the King's Regulations

When a reception order has been made by a magistrate for the reception of an individual into a mental hospital the individual may either be handed over with the reception order to the civil authorities for disposal or sent under military arrangements to the asylum or mental hospital to which he is to be admitted

454 Cases of mental disease to be invalided from the army—An officer or other rank who has been diagnosed as a case of mental disease even though he may have recovered will be retired or invalided out of the service as permanently unfit

Persons not subject to military law

455 Definition—Under this heading are included officers' wives and children, Lady Nurses Q A I M N S, Q A M N S I and I M N S (except when on active service) wives and families of N C Os and men and all other persons residing in Cantonments who are not subject to military law but who may be admitted to a military hospital under the authority of the G O C District if accommodation is available

456 Disposal—(i) If domiciled in the U K or other country outside India they will normally be brought before a medical board and invalided to the country of domicile

(ii) If domiciled in India they may be admitted to a mental hospital or asylum under one or other of the several sections of the Indian Lunacy Act of 1912 (excluding Section 12)

Or (iii) in either case they may be handed over to the care of relatives or friends who will arrange for their disposal and take full responsibility in accordance with the instructions in para 459

If admission into a mental hospital is considered desirable in the case of persons in (i) above while awaiting passage to the country of domicile, or in (ii) above, an application for admission will be made to a Magistrate on I A F M 1245 accompanied by two lunacy certificates in accordance with para 453(v)

457 Relatives to accompany mental case invalided *ex*-India—In the case of women and children suffering from mental disease it is most desirable that the husband of a woman or in the case of a child, one of the parents should accompany the patient to the U K in order to arrange for the patient's disposal on arrival

Indian troops and followers

458 Disposal.—Cases of mental disease in Indian troops and followers will be dealt with as laid down in Regs for the Army in India, para 194

If admission to a mental hospital is considered necessary application for admission will be made to a Magistrate by the man's O C. on I A. F M 1245 accompanied by two medical certificates I A F. M 1244A See para 453 (v)

Responsibility of relations or friends

459 Whenever an individual suffering from, or under observation for, mental disease, is handed over to his relations or friends they will be required to sign a certificate accepting full responsibility for his care (See Appendix XIII)

460 Documents—disposal of—The medical documents in connection with soldiers' families who are sent to the United Kingdom in consequence of ill health will be disposed of in accordance with instructions on Invaliding as published from time to time in India Army Orders.

SECTION X.—DENTAL TREATMENT.

461. General—The attention of all ranks should be drawn to the necessity for taking the greatest care of their teeth in order to avoid needless suffering and inefficiency. The tooth brush is an article of every British soldier's kit, and it should be used daily, particularly in the evening to remove particles of food after the evening meal. Dental officers will instruct soldiers in oral hygiene, both by lectures and by demonstrations to individuals when they come up for inspection or treatment Where the dental officer is of opinion that a soldier is not taking sufficient care of his teeth he will bring the matter to the notice of the soldier's company commander who is responsible for ensuring that his men keep their teeth in good condition.

Officers in medical charge of troops will [illegible]

[illegible]

it.

462. Employment of civilian dentists.—The dental treatment of troops will ordinarily be carried out by officers of the A. D. Corps, but civilian dental surgeons may be employed for the purpose, when necessary, if the district or independent brigade commander concerned certifies that such employment is absolutely necessary [illegible]

[illegible] if an A D Corps officer is available

NOTE—All British W Os, N C Os and men employed at Army Headquarters, [illegible]

Conditions of dental treatment

463 Dental treatment—Ordinary dental treatment *i.e.*, scaling, filling, and extraction of teeth, may be afforded, to the classes of persons and in accordance with the provisions, specified below:—

(i) *British other ranks*—Treatment necessary to maintain their dental efficiency will be allowed free as far as available for British W Os, N C Os. and men including unattached list ranks and W Os of the assistant surgeon branch of the I M D on the active list in military employ

Such treatment will be directed mainly towards the preservation of teeth and no teeth will be extracted which can usefully be saved

(ii) *Families of British soldiers on the married roll and of warrant and non-commissioned officers of the Indian Unattached List in military employment*—The families of British soldiers on the married roll and of W. Os. and N. C. Os. of the Indian Unattached List in military employment as well as Army Schoolmistresses may be given dental treatment provided they are able to attend at a dental centre or at the surgery of a civilian dental surgeon engaged for attendance on troops. No charge should be made for the necessary materials supplied for treatment. Dentures, however, will only be supplied on re-payment.

The treatment is to be regarded as a privilege and not as a right, and can only be granted when no additional cost to the State is involved beyond the actual cost of materials. In no circumstances should additional staff be engaged in order to provide dental treatment for the above noted families.

(iii) *I. Os. and I. O. Rs. on the active list in military employ*.—I. Os., W. Os., N. C. Os. and men including sub-assistant surgeons of the I. M. D. will ordinarily receive dental treatment as far as available from the medical staff of the I. M. H. (Difficult and complicated cases will receive treatment at a dental centre or at the surgery of a civilian dental surgeon engaged for attendance on troops.)

Such treatment will be directed mainly towards the preservation of teeth and no teeth will be extracted which can usefully be saved

464. **The supply of artificial dentures.—**

(i) *British officers and members of the M. N. S. and B. O. Rs.*

Conditions entitling individuals to the supply of artificial dentures.	Persons entitled.
(a) Loss of teeth caused by wounds received in action or by injury in performing military duty. Where only part of the necessary dental work was caused by wound or injury as mentioned above, the rest may be performed, provided any charges incurred are borne by the individual concerned.	British officers (including departmental officers of the Commissary class) and lady nurses of the Home or Indian Nursing Services.
(b) Such loss of teeth as would cause their discharge from the service as invalids, provided that it is certified by a medical or dental officer that the provision of artificial dentures would render them efficient. The certifying officer should state which teeth have been lost and which require replacement.	British W. Os., N. C. Os. and men, including those of the unattached list, serjeant-majors of signal units and W. Os. of the assistant surgeon branch of the I. M. D.

(i) *British officers and members of the M. N. S. and B O Rs*—contd.

Conditions entitling individuals to the supply of artificial dentures	Persons entitled
(c) On being invalided from the service on account of inefficiency due to loss of teeth resulting from wound, injury or disease directly attributable to field service	British regimental soldiers
(d) When the loss of teeth is the result of (i) injury received while on duty, provided the injury was not due to the fault of the individual, or (ii) wound, injury or disease directly attributable to field service	

[illegible]

NOTE 2.—Charges for the administration of anæsthetics in connection with operations performed under Note 1 above will be borne by government when the A D M S of the district or independent brigade concerned certifies that no medical officer in military or civil employ could be made available to conduct the administration

NOTE 3.—The following are not entitled to the provision of dentures under the conditions at (b) —

[illegible]

(ii) *Indian officers and other ranks.*

Conditions entitling individuals to the supply of artificial dentures	Persons entitled
(a) Such loss of teeth as would cause their discharge from the service as invalids provided that it is certified by a medical or dental officer that the provision of artificial dentures would render them efficient. The certifying officer should state which teeth have been lost and how many require replacement	Indian officers and N C Os. of the Indian Army not below the rank of duffadar or havildar
(b) On being invalided from the service on account of inefficiency due to loss of teeth resulting from wound injury or disease directly attributable to field service	N C Os and men of the Indian Army
(c) [illegible]	

[illegible] possible, be one in government employ

NOTE 2.—Charges for the administration of anæsthetics in connection with operations performed under Note 1 above, will be borne by government when the A D M S district or independent brigade concerned certifies that no medical officer in military or civil employ could be made available to conduct the administration.

465 Renewal of and repair to artificial dentures—When artificial dentures have been supplied by the State, repairs and renewals will be carried out when necessary for the following classes —

(*a*) British soldiers not below the rank of serjeant who have been provided with artificial dentures under paragraph 464 (i) (*b*)

(*b*) Those who have been provided with artificial dentures under the condition laid down in paragraph 464 (i) (*d*)

NOTE.—Before any such renewals or repairs are carried out a certificate will be submitted by a Medical Officer or by an officer of the Army Dental Corps stating whether or not the loss or damage is due to culpable neglect on the part of the soldier

If it is certified that the loss or damage is not due to the culpable neglect of the soldier the necessary renewal or repairs will be carried out at the expense of the State

If it is certified that the loss or damage is due to the culpable neglect of the soldier, he will under Section 138 (4) of the Army Act be placed under stoppages for the cost of the necessary renewal or repairs

The certificate will be sent by the officer granting to the soldier's Officer Commanding to be filed with the personal documents of the soldier

466 Fitting of porcelain crowns—When loss of teeth does not necessitate the provision of a denture British soldiers may be fitted with porcelain crowns in such cases as accidental fracture of an incisor tooth, or where there has been extensive decay of an incisor tooth ... ject to the ... with the ... ot permis-

467. Co-efficiency of mastication—The following will be used as a guide in determining whether a soldier has a sufficient number of teeth in order to enable him to masticate efficiently. The teeth should be sound or only decayed to such an extent that they can be soundly restored

For convenience the teeth in the upper jaw which are in good functional opposition to corresponding teeth in the lower jaw will be considered according to their functional values

Each incisor, canine, premolar and under developed third molar will have the value of one point

Each first and second molar and well developed third molar will have the value of two points, *e g*, if the whole of the sixteen teeth are present in the upper jaw and in good functional opposition to corresponding teeth in the lower jaw, the total value will be twenty two or twenty points according to whether the third molars are well developed or not A soldier should not, as a rule, be supplied with dentures under the provision of paras. 464 (i) (*b*) and 464 (ii) (*a*), if his co-efficiency of mastication is above the eleven points

Even if his co efficiency is eleven points or less, he should not be supplied with dentures under paras. 464 (i) (*b*), 464 (ii) (*a*), unless it is certified by a medical or dental officer that the provision of dentures would render him efficient.

468 Scales of charges payable by soldiers, British or Indian, for renewals or repairs to artificial dentures originally supplied under the provisions of one of the foregoing paragraphs.—When a soldier is placed under stoppages for the replacement or renewal of or repairs to arti

and other incidental expenses including the cost of the dental sur geon's time and departmental charges.

The dental officer

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signature of the solc

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pay list to the C M. A. who will sign and return one copy to the unit

Duties of officers in charge of dental centres

469 General duties —An officer of the A D Corps will make a half yearly inspection of as many of the troops as possible in the area served by his centre in order to ascertain their dental efficiency

470 Selection of units for treatment —He will select certain units for treatment and will deal first with those likely to proceed on active service or service on the frontier He will then treat next in order those un ts which have been longest without dental attendance

471 Attendance of soldiers at dental centres —When a soldier is required to attend at a dental centre for treatment the dental officer will complete A F I 5025 and send it to the O C the unit concerned

472 Soldier refusing treatment —In the event of a soldier refusing treatment he will bring the matter to the notice of the O C the unit concerned If the soldier persists in his refusal the fact will be re corded on his dental treatment card and medical history sheet— ' refused treatment

473 Examination previous to provision of dentures —He will care fully examine all cases recommended by a medical officer to be pro vided with dentures and will append his remarks on I A F M 5

474 Approval of I A D S before provision of dentures —He will be responsible that no soldier is given treatment with a view to the pro is on of dentures or is provided with dentures until the approval has been obtained of the I A D S in Ind a, subject also to the provisions in para 464 being fulfilled

475 Equipment and indents —He will be respons ble for all equipment in the dental centre of which he is in charge. He will submit indents for dental supplies on I A F Z 2091 through the usual chan nels.

Dental records

476 Medical history sheets (A. F B 178) and D ntal treatment cards (A F I-5033) British troops —Records regarding the dental

condition of and dental treatment afforded to British soldiers are contained in A F B 178, Tables II and VIII and in A F I 5033 These forms are sent to India with every British soldier arriving in the country A. F B 178 Table II contains a record of the dental condition of the soldier on enlistment or on first inspection by a dental officer This record once made will not be altered. A F B 178, Table VIII contains a brief record of dental treatment afforded to the soldier after enlistment or first inspection

A F I 5033 contains a detailed record of the dental treatment afforded

In cases where either of both of these forms have been lost and in cases where the entries have not been made prior to the soldier s arrival in India, the officer in charge dental centre is responsible that, when lost a new A F I 5033 is prepared that the soldier is examined at the first available opportunity, that A F B 178 Table II is completed at this examination and that subsequent records of treat ment afforded are entered in A F B 178 Table VIII and in A F I. 5033 In cases where only one form is missing or incomplete the record should be copied from one to the other

477 Dental treatment cards (A F I 5033)—Indian troops— A. F I 5033 will be prepared and particulars entered for each Indian soldier treated at a dental centre

478 Retention of dental treatment cards—A F I 5033 will be kept at the dental centre where the soldier attends for inspection and treatment

479 Disposal of dental treatment card on transfer of a soldier— On the transfer of a soldier to another station the O C unit con cerned will obtain A F I 5033 from the officer in charge dental centre and place it with the soldier s other documents On the soldier s arrival at the new station A F I 5033 will be sent to the dental officer responsible for the treatment of the troops at that station

On the transfer of the soldier to the Army Reserve or Indian Army Reserve the O C unit concerned will attach A F I 5033 to the soldier s other documents and on his final discharge from the Re serve the card should be destroyed

480 Procedure on promotion, etc.—On promotion to commissioned rank, discharge, desertion or death of a soldier the O C his unit will send the soldier s medical history sheet to the officer in charge dental centre who will complete Table VIII of that sheet and return it A F I 5033 will be destroyed

481 Temporary dental treatment card—In the event of a soldier reporting for dental treatment whose A F I 5033 is not in the pos session of the officer in charge dental centre, a temporary dental treatment card will be made out Immediate steps will be taken to obtain the original card, when details of any treatment entered on the temporary card will be at once recorded on the original

482 **Dental summary**—(*a*) A monthly dental summary of work done during the month by each dental centre will be compiled on A F. I 5034 in triplicate by officers in charge of dental centres and sent on the first day of the succeeding month direct to the D M S, D D M. S, Command and A D M S district or independent brigade area *concerned*

The reports will give figures for each individual station for British officers, British other ranks, families of British officers and other ranks, and for Indian troops separately A separate summary will be submitted for R A F personnel

One copy of A F I 5034 may be used for all stations served by one dental officer

[illegible]

I 5034 will be used for each category and figures for each station given A brief summary of the arrangements for dental treatment at each station should accompany

The report for the period ending December 31st in each year should also be accompanied by notes on cases of special interest, on improvements in disease or in the general health effected by dental treatment, on the influence of climatic or other conditions on the teeth and gums, and *any other information* bearing on *dental treatment* which is considered useful These notes should refer to the entire year

483 **Dental treatment book**—A B 469 (Dental Treatment Book) will be maintained at each dental centre The name and particulars of each patient, will be entered in the index on his first attendance and details of treatment subsequently entered under the reference number allotted to him

484 **Dental appliance book**—A B 468 (Dental Appliance Book) will be maintained at each dental centre The name, etc, of the patient will be entered in this book immediately approval is given for provision of dentures remodels or repairs.

485 **Procedure on closure of dental centre**—In the event of a dental centre being closed A Bs 468 and 469 will be sent to the D M S

If the centre is subsequently re opened these books will be returned

486 **Records to be made by employed civilian dental surgeons**—When dental treatment of a soldier has been carried out by an employed civilian dental surgeon the particulars thereof will be recorded on the dental treatment card by the dental surgeon and on the medical history sheet by the medical officer

487 **Instructions for recording dental treatment**—Instructions on this subject are contained in Appendix XIV

488 **Royal Air Force and method of recording dental treatment**—The rules on these subjects are contained in Section XIII

SECTION XI.—HYGIENE, PATHOLOGY AND INFECTIOUS DISEASES.

489 General.—The Director of Hygiene and Pathology at Army Headquarters is the adviser of the D M. S in India on all questions relating to the health of the Army in India and the administration of laboratories under his control

He will maintain touch with Assistant Directors of Hygiene and Pathology of Commands, and with Deputy Assistant Directors of Hygiene and of Pathology of Independent Districts.

The duties of Assistant Directors and Deputy Assistant Directors of Hygiene and Pathology and of officers of the Military Medical Services in connection with hygiene and pathology are detailed in Section II

LABORATORIES

490 (a) A command laboratory is under the administration of the D D M S of the command. For location see Appendix XXIII

(b) *District and Brigade Laboratories*—These are under the administration of the A D M. S of the district or independent brigade area and are located in stations as detailed in Appendix XXIII

491. Nature of Work.—These laboratories are maintained —

(i) to carry out pathological and bacteriological work which cannot be undertaken in the clinical side rooms of hospitals or which requires special training for its performance,

(ii) for the investigation of, and for research in, matters affecting the health of troops.

Command and District Laboratories are in addition training centres for members of the I. M D in laboratory methods and technique.

492. Equipment —The equipment of laboratories is as laid down in Regulations for the Equipment of the Army (India) and is in charge of the officer in charge of the laboratory

An annual money allowance is given to laboratories to meet expenditure on equipment, materials, etc An additional allowance may be made by the D M S in India (*vide* para 175, Pay and Allowance Regulations, Part II)

493 Clinical side rooms.—Clinical side rooms are authorised for British and Indian military hospitals of 50 beds and over and are for the examination of blood films, sputum, urine, etc., by officers in medical charge of cases. Their equipment is as laid down in Regulations for the Equipment of the Army (India), Part 2, Sections V-A and V-B

494 (*a*) The Military Food Laboratory, Kasauli —The Military Food Laboratory, Kasauli, and its personnel are under the direct administration of the D M S in India The laboratory is maintained for the examination of food stuffs and investigations connected therewith

(*b*) The Enteric Laboratory, Kasauli —The Enteric Laboratory, Kasauli, and its personnel are under the direct administration of the D M S in India

Vaccination and Small pox

495 Recruits.—All recruits whether bearing marks of small pox or not will be vaccinated within 3 days of joining the unit to which they are posted on enlistment The officer in medical charge of the unit will be responsible that this is done and that the necessary information regarding vaccination and re-vaccination is recorded on the soldier s medical history sheet and in the vaccination register

Gurkha recruits at Gorakhpore and Ghoom recruiting depôts will be vaccinated at the depôt immediately they are accepted as fit

496 Immunity —In cases where vaccination or re vaccination fails two further vaccinations should be carried out at intervals of one month to ensure that failure to "take" is due to acquired immunity An entry to this effect will be made in documents referred to in the preceding paragraph

497 Families —Every effort should be made to ensure that the wives and children of all ranks are sufficiently protected by vaccination Children should be vaccinated as infants and again at the age of seven years. Officers in medical charge of families will twice yearly in June and December ascertain the vaccination state of families in their charge.

498 Vaccination state of units —Officers in medical charge of troops will, twice yearly in June and December, satisfy themselves that every officer, other rank and follower under their care is sufficiently protected against small pox, *i e.*—

(*a*) has been successfully vaccinated within the last five years or

(*b*) shows evidence of immunity by 3 unsuccessful vaccinations (carried out at intervals of one month) within the last five years

(*c*) bears distinct marks of small pox

In the case of other ranks and followers this will be done by examination of the man in conjunction with his medical history sheet

Those found to be unprotected will be vaccinated unless this protection is refused

499 Special re-vaccination —In the presence of an epidemic re-vaccination will be recommended in all cases in which there is not satisfactory evidence of successful vaccination within the last two years.

500 Records of vaccination.—Records of all vaccinations performed and their result will be entered in—

(a) A B 28 (Vaccination Register),
(b) the medical history sheets of soldiers and followers
(c) When troops are mobilized, the results of vaccinations performed will be entered—
(i) officers in A B 439,
(ii) British troops on page 19 (XXII) of Part I of A B 64 (Soldiers' pay book),
(iii) Indian troops on page 16 of A. B 64 M (Indian Soldiers' pay book),
(iv) Followers on the inside of the right hand cover of I A F K 1157 (Followers' service book)

501 Vaccination returns—A return will be rendered half yearly on 30th June and 31st December on I A F M 1225 in accordance with the instructions printed thereon

502 Source of lymph—Vaccine lymph is procurable by book transfer from the most conveniently situated local government vaccine lymph depôt

Prophylactic inoculations

503 Persons to be inoculated—All troops and followers and their families should be adequately protected against the Enteric Group of Fevers.

In the case of Cholera or Plague, protection should when necessary be given to the same classes

In all cases consent to inoculation is necessary Officers commanding and officers in medical charge of troops will make every endeavour to persuade individuals to be inoculated as and when recommended

504 Inoculation and re-inoculation—Inoculation and re inoculation will be governed by the following principles:—

(a) T A B—Persons who have never been inoculated with T A B should be inoculated with two doses, *viz*, ½ c c and 1 c c with an interval of ten days between Re inoculation should be carried out at 18 months intervals by two doses of ½ and 1 c c with ten days between

(b) *Cholera*—Inoculations, when carried out, should be in 2 doses *viz*, ½ c c and 1 c c with an interval of ten days between.

(c) *Plague*—Inoculations, when carried out, should be in 2 doses *viz*, 1½ and 2 c c with an interval of ten days between.

(d) The dosage in the case of children will be as follows:—

For children from 4 to 12 years ¼ dose

For children from 12 to 15 years ½ dose.

For children from 15 to 18 years ¾ dose

When for exceptional reasons of military expediency it is not

exists

505 Duration of protection —The duration of protection given by inoculation is considered to be as follows —

(a) From two doses of T A B vaccine 18 months

(b) From two doses of cholera or plague vaccine—6 months

506 Overlapping of inoculations —In cases of emergency, *e g*, troops proceeding on active service, cholera inoculations may be given so as to overlap with T A B inoculations, provided the doses are properly interspaced and that the individuals to be inoculated are in good health In such cases the first dose of the cholera vaccine should be given first, and when the reaction has subsided the first dose of the T A B vaccine may be given The second doses will follow at intervals of 10 days respectively

507 Rest after inoculation —Medical officers should endeavour to ensure that all men who have been inoculated will except in cases of emergency, be struck off all duties for 48 hours immediately after inoculation

508 Inoculations, when carried out —Prophylactic inoculations will be carried out at the following times —

(a) *T A B inoculation* —Every quarter in March June September and December or in the presence of an epidemic, officers in medical charge of troops will review the inoculation state of all persons in their charge and will take steps to ensure that they are protected by inoculation In the case of *recruits inoculation should* be carried out as soon as possible after joining

(b) *Cholera* —Where cholera is endemic or recurs annually, just prior to the cholera season, in other areas, when cholera is anticipated or an epidemic exists.

(c) *Plague* —When an epidemic exists

509 Records of inoculation —A record of each inoculation performed will be entered by the officer in medical charge of the troops in—

(a) an inoculation register in which officers other ranks, followers and families will be shown separately,

(b) the medical history sheet of soldiers and enrolled followers

When troops are mobilized the record of inoculation will be recorded in the same manner as vaccinations (para 500)

The method of recording inoculations in the documents of all ranks and followers will be in accordance with the following examples :—

When two doses given $\frac{\text{T. A. B.}}{2}$ $\frac{\text{1-11-17}}{\text{11-11-17}}$ (Signature of officer).

When one dose given $\frac{\text{Cholera}}{1}$ 1-11-17 (Signature of officer).

510. Returns of inoculation.—Returns of inoculation with T. A. B. will be rendered half-yearly on I. A. F. M-1225 in accordance with the instructions printed thereon.

511. Vaccines and Sera.—Vaccines and sera for prophylactic and curative use, the form in which issued and their time limit of use are detailed in Appendix XVI.

Instructions for obtaining, recording and using vaccines and sera.

512. Indents.—All indents for vaccines and sera will be submitted on the general indent form (I. A. F. Z-2091) and will be forwarded to the A. D. M. S. district or independent brigade for approval and transmission to the Central Research Institute, Kasauli, or—in the case of plague vaccine
ratory, Parel, Bombay
mand, and column 16
cerned

...als exist,
I. M. H.,
Where

In cases of urgency, vaccines and sera may be demanded by tele-

district or independent brigade for countersignature and transmission to the supplying institute concerned.

513. Returns.—Os C. hospitals will render a monthly return of vaccines and sera on I. A. F. (Medical) 20 to the A. D. M. S. district or independent brigade area who will forward in duplicate a consolidated return for the district or independent brigade to the D. D. M. S. command who will forward one copy to the D. M. S.

514. Stocks.—Curative vaccines will not be stocked in military hospitals, but will be obtained as required.

Small stocks of sera, and—when considered necessary by the A. D. M. S. of the District—small emergency stocks of prophylactic

vaccines may be maintained. Endeavour should be made at all times by carefully spacing indents to ensure that sera and vaccines are expended as far as possible before the original date of expiry

A reserve stock of 120 c c of anti meningococcic serum will be maintained for emergency use in all stations in India where troops are located This reserve stock will be kept at one hospital only in each station and in those stations where both British and Indian military hospitals exist, the responsibility for its maintenance will rest with the Officer Commanding British military hospital

The stocks will be stored in ice chests and fresh supplies will be telegraphed for from the Director Central Research Institute Kasauli, whenever the stock is drawn upon

Arrangements will be made by A Ds M S districts that when B M Hs. in hill stations are closed at the end of the hot weather any vaccines and sera remaining are sent to selected hospitals in the plains where they may be utilised as occasion arises

Special duties in connection with infectious disease

NOTIFICATION

515 Notifiable diseases—Acute poliomyelitis, anthrax, cerebro-spinal fever, chicken pox, cholera, diphtheria dysentery, encephalitis lethargica, enteric group of fevers, epidemic influenza, measles (unless A D M. S directs otherwise) plague, epidemic pneumonia relapsing fever, scarlet fever, small pox, typhus

516 Procedure—When one of the above infectious diseases is diagnosed amongst troops followers or families, the medical officer who makes the diagnosis will prepare A F A 35 in accordance with the instructions in the book of Army Forms A 35

517 Diseases to be notified by telegram—On the occurrence of a case of *cholera* among any of the classes mentioned in para 516 the A D M S district or independent brigade area will be notified by telegram which will be repeated to the D D M. S Command to the D M S in India and to the Director of Public Health of the Province

The following information will be given —

(a) Disease

(b) Date of occurrence

(c) Status and unit of patient

(d) Number of deaths since last report

(e) Whether the disease is prevalent in bazar, city or district.

The code laid down in Appendix XVIII will be used.

518 Alteration in diagnosis—In the event of an alteration of diagnosis becoming necessary, all those originally notified will be informed accordingly A new A. F A 35 will be rendered if the new diagnosis is that of a notifiable disease.

519 Outbreaks of infectious disease among troops moving or about to move—(i) When any infectious or epidemic disease occurs within a few days of the date of movement in a unit *under orders to sail or* to supply drafts to sail a telegraphic report will be sent by the O C station or troops to the A G in India the Q M G in India, the D M S in India and the Embarkation Commandant concerned *vide* item 115 of I A F Z 2000 All relevant information will be given and it will also be stated whether the intended draft is affected and has been segregated or whether through special circumstances it will be able to proceed

When the segregation period is completed and the unit or draft is clear of infection the A G, Q M G and D M S should be immediately informed by telegram

(ii) The action to be taken on the outbreak of infectious disease among troops travelling by rail or on the march is laid down in paragraphs 633 and 570 Regulations for the Army in India

[illegible] —The O C station or troops [illegible] the telegraphic report laid [illegible] e delay is likely to ensue he [illegible] ital concerned Duplication [illegible]

521 Reports on small pox to D M S in India—In the column of general remarks of A F A 35 in cases of small pox particular care must be taken to report the vaccination history and to distinguish between information obtained from documents and from the man s statement The results of all vaccinations should be given the number and size of scars and the marks of a previous attack of small pox noted if present

[illegible]

523 Manuscript reports—Infectious diseases other than those enumerated in paragraph 515 will—if occurring in epidemic form—be reported in manuscript to the A D M S by the O C hospital concerned weekly or as may be directed by the A D M S The A D M S will keep the D D M S command and through him the D M S informed of the progress of such epidemics

Should the infectious diseases detailed in paragraph 515 or other infectious diseases occur in epidemic form among the civil population in localities adjacent to those occupied by troops and be considered likely to spread to the troops manuscript reports will be made to the A D M S as in the first part of this paragraph by the senior executive medical officer of the station.

524 Local commanders to be kept informed—The O C hospital concerned will keep the O C station or troops informed of the occurrence and course of any outbreak of infectious disease within the

latter officer s command Similarly administrative medical officers will supply G Os C with all necessary information

525 Other stations to be informed.—Where considered advisable, stations on the same traffic route as or which receive supplies from, an infected station will be kept informed of the occurrence and progress of epidemic disease by the O C station or troops

General management of infectious diseases

526 Responsibility of medical officers—As soon as a case of infectious disease is diagnosed (provisionally or finally) the medical [illegible]

to trace the source of the infection

527 Responsibility of local commander—The O C the station or troops will direct the measures to be taken in connection with the troops and will arrange if necessary for the exercise of the power given under the Cantonment Act for dealing with outbreaks of infectious disease

528 Prevention and control of infectious diseases—Appendix XIX is intended to serve as a guide in the prevention and control of infectious diseases and in the preparation of special reports thereon

529 Isolation—Isolation and segregation of contacts when necessary, will be carried out all in cases of infectious disease Wherever proper accommodation exists isolation will be effected in hospital but where this is impracticable as frequently happens in the case of officers and their families and amongst the families of soldiers isolation will be carried out in quarters or tents as far as possible When considered necessary the isolation of other occupants of the quarters will also be effected until in the opinion of the medical officer all risk of their spreading the disease has ceased

Sick may also be isolated in buildings grass huts or the oldest suitable tents procurable without prohibitive delay or expense as may be recommended by the O C hospital concerned

530 Isolation in civil hospitals—Where adequate isolation accommodation is not available in a military hospital and such accommodation is available in an adjacent civil hospital cases of infectious disease requiring admission to hospital may be admitted to a civil hospital in accordance with the rules laid down in Section III—Medical Attendance

531 Transport of infectious cases—A conveyance used for transporting an infectious case will be disinfected immediately after use (*vide* paragraph 550)

532 Infectious diseases and attendance at school—In cases of infectious or contagious disease special care will be taken to prevent children of the affected family attending school until the medical

officer certifies that they can do so without risk of spreading infection. Schools will not, as a rule, be closed in consequence of the occurrence of cases of infectious disease, but, should the outbreak assume an epidemic form or should the medical officer, for any special reason, deem it necessary that the schools should be closed, the district or brigade commander concerned will order their closure

DISINFECTION.

533. General Instructions —In all cases of communicable disease the question of disinfection must be considered in regard to (1) the quarters occupied by the patient before removal to hospital and their contents, (2) the patient's discharges, and the bedding, clothing, feeding utensils, etc, used by the patient while under treatment, and (3) on the recovery of the patient, the ward or room in which the patient was treated and its contents The appropriate measures of disinfection are indicated in the succeeding paragraphs

In regard to (1) and (3) above the disinfection will be "local" or "complete" as indicated for diseases or groups of diseases in paragraph 554

In the case of carriers or contacts, disinfection will be carried out at the discretion of the officer in medical charge of the individual

534 By whom carried out.—All measures of disinfection (except as mentioned in paragraph 519 (c)) will be carried out by the medical authorities assisted by such working parties from the troops as may [illegible]

[illegible] ed that the [illegible] on the intelligence with which it is performed All such processes will therefore be carried out under the directions of a medical officer or a member of the I M D

536 Materials —The scale of authorised disinfectants is given in E R., India, and the efficient strength in Appendix XX of these Regulations

537. Disinfection of barrack rooms or quarters.—Disinfection will be either "local" or "complete" as indicated in paragraph 554

Local disinfection will consist in the disinfection of the bedding and bedstead recently occupied by the patient; the walls, floor and other surfaces for a distance of 6 feet all around the bed; also of all [illegible]

Complete disinfection will consist in the disinfection of the whole room and its contents.

A room of less than 200 square feet will always require complete disinfection

538. Disinfection of a room.—In the disinfection of a room surfaces of the room and the contents of the room must be conside separately, and the procedure will depend on whether the disinfect is to be local or complete.

(a) As regards the room, in local disinfection, the area of fl space defined in paragraph 537 and the skirting border on it will be scrubbed with 2½ per cent. cresol solution, a the bedstead, equipment shelf or locker and any otl metal, or wooden articles or articles of crockery loca within that area will be similarly treated.

(b) In complete disinfection all surfaces of the room and articles in the room other than those which are to be moved for steam disinfection, or which may be inju by formaldehyde solution and will consequently requ removal for special disinfection will be disinfected *situ* by formaldehyde solution.

539. Procedure in complete disinfection of rooms.—The operat before commencing the disinfection, should put on a suit of overa which will be removed after use and placed inside the last room be disinfected.

With the exception of those articles removed for special disinfect as indicated in paragraph 538 (*b*), all articles, including the conte of boxes, drawers and cupboards, will be arranged in such a manner to expose all surfaces to the action of the disinfectant The ro should be sealed up by gummed paper strips, or ordinary glazi [illegible] The pu

of t

with

press

around the edges

540. Application of the formaldehyde solution to a room.—Form dehyde solution used in the form of a spray acts by direct cont of the dissolved formaldehyde and by volatilization of the gas fr wetted surfaces The solution must be applied as a fine spray (t finer the etter) to every object in the room and to the whole of t floor, walls and ceiling The walls must be sprayed from below u wards the process being carried out twice in the most complete mann inch by inch, over the entire surfaces it is intended to disinfect Wh the spraying is completed the door should be sealed as described abo and the room kept closed for six hours

541. Subsequent procedure.—On opening the room at the end six hours after the above process of disinfection, the room will spring cleaned by damp dusting. The floor, window sills and all oth horizontal surfaces, other than the ceiling, also tables, chairs, be steads and other articles of furniture which will not be injur thereby will be cleaned with soap and hot water containing sod The windows will be opened wide top and bottom to flood the roo with fresh air and sunlight and fires will be lighted to dry the roo before it is re occupied

In cases where complete disinfection is called for it may be necessary, subsequent to the disinfection to have the walls scraped, white washed, *distempered or repapered*

542 Disinfection of clothing, bedding, etc—(*a*) All articles not likely to be damaged in the process will be disinfected in a steam disinfector Before removal for disinfection they will be packed in sacks or sheets soaked in 2½ per cent cresol solution

(*b*) As the process of steam disinfection varies in detail according to the type of machine in use, it is necessary, in order to ensure thorough disinfection that the man operating the disinfector should be trained in the duties and the medical officer responsible should satisfy himself that the instructions issued with the type of machine in use are strictly observed

[illegible] (e.g. leather [illegible]

complete disinfection the spraying will be carried out within the room

(*d*) As toys and pencils are particularly liable to become infected, great care should be taken to ensure their efficient disinfection by one or other of [illegible]
articles of little [illegible]
infection, may [illegible]

(*e*) In stations or other localities where steam disinfection is not available for articles normally dealt with under paragraph 542 (*a*), sheets and other articles of cotton or linen also blankets and woollen articles will be soaked in 2½ per cent cresol solution for half an hour, then washed or sent to the laundry Other articles of clothing or textile which might be spoilt by cresol will be thoroughly sprayed with formaldehyde solution and exposed to the air and sun to dry

In the case of the diseases mentioned in Group I of paragraph 554 mattresses will be soaked for one hour in 2½ per cent cresol solution

543 Clothing, equipment and bedding returned to store—If the clothing, equipment or bedding of a man suffering from a communicable disease, or who after admission to hospital develops such disease, should have been returned to a unit or other store without the necessary disinfection having been carried out, care will be taken that all such articles are recovered from store and suitably disinfected, and that any other articles or any portion of the store which may have been in contact with such infected articles are also suitably disinfected

544 Special disinfections—In certain diseases it may be necessary to disinfect latrine seats and pans or articles of crockery or cutlery in the mess room or institutes in such cases the latrine seats and pans will be scrubbed with 2½ per cent cresol solution followed by soap and water Cutlery and crockery will be steeped for half an hour in 2½ per cent. cresol solution and subsequently washed in hot water containing washing soda.

[illegible] 'isinfection laid down on with the bedding, ring from infectious which have been in immediately steeped in 2½ per cent cresol solution for at least half an hour before being removed from the ward Articles which cannot be steeped should be sprayed with formalin

When hospital bedding and clothing, or textile stores of any description, which have been used by patients suffering from infectious diseases, are returned direct to an ordnance depôt or to a unit a certificate from the O C hospital concerned will accompany the bedding, clothing and textile stores so returned, stating that they have been efficiently disinfected

546 **Venereal and infectious patients** —A supply of sheets, pillow—slips, shirts, drawers, handkerchiefs and towels, distinctively marked [illegible]

steeped in 2½ per cent cresol solution for at least half an hour and subsequently rinsed thoroughly in clean water before being sent to the laundry or contractor for washing The articles marked "I" will be dealt with as laid down in paragraph 542 All feeding utensils *intended for use by syphilitic patients should be marked with a* "V" and kept solely for their use

547 **Utensils in typhoid and paratyphoid fevers** —All utensils (*e g*, feeding cups, bedpans, urinals etc) intended to be used by enteric patients, must be marked ' E The contents of the bedpans and urinals will be mixed intimately with an equal quantity of 2½ per cent cresol solution and allowed to stand for half an hour before being disposed of The bedpans and urinals must invariably be disinfected by washing with 2½ per cent cresol solution

548 **Disinfestation** —To ensure efficient disinfestation the entire room or quarters and their contents and the occupants and their clothing must be dealt with simultaneously In dealing with bugs it may be necessary to deal with the whole building

(*a*) The room

[illegible]

faces to raise the relative humidity to about 70 per cent Efficient diffusion of the gas is ensured by placing the bucket in which it is generated at a distance of not more than 6 feet from the ceiling For malin (40 per cent formaldehyde) is placed in an ordinary galvanized iron pail and chloride of lime wrapped in thin paper is added When all is ready the paper is rapidly pierced Two pints of formalin and

two pounds of chloride of lime are required for every 1,000 cubic feet. Not more than these amounts should be used in any one bucket The operator on piercing the paper withdraws and seals the door of the room which is left sealed for 24 hours. At the end of this period the operator wearing a mask opens the doors and windows and lights the fires and the room is ready for occupation in a few hours.

Lice seldom leave their host and his clothing, but in order to ensure destruction of any that may fall off on to the floor, skirting board, bedstead, equipment, shelf or locker such places will be washed with an emulsion of cresol and soft soap

Fleas will be got rid of by washing the entire floor, skirting boards, bedsteads and equipment shelves or boxes with the cresol and soft soap emulsion described above or with a paraffin and soft soap emulsion The disinfestation for fleas will seldom be required except in cases of plague when the rat problem must never be overlooked

(b) BEDDING, CLOTHING AND TEXTILES, ETC.

These will be dealt with as described in paragraph 542, the procedure being particularly necessary in the case of lice or flea borne infection where it is essential in addition to disinfestation to ensure destruction of the virus

When disinfestation only is required (*e g*, in the absence of disease), disinfestation by hot air may be employed (*See* paragraph 232, Army Manual of Sanitation, 1926)

(c) THE OCCUPANTS

The occupants will receive hot baths, when necessary hairy parts will be shaved, and before putting on clean clothing all individuals will be inspected

549 **Disinfection and disinfestation on board ship**—Disinfection will be carried out on the same lines as on shore

(a) Cabins small apartments and troop decks as indicated in paragraphs 537 to 541

(b) Bedding clothing, etc, as indicated in paragraphs 542 and 551 Apparatus for steam disinfection is available on all transports and troop ships.

(c) Holds and Bilges. Disinfection is carried out by the Admiralty

(d) Drinking water tanks. If considered necessary the contents should be chlorinated, one part for each million of free chlorine (verified by use of a water test case) being allowed to act for at least half an hour

(e) Disinfestation will be carried out as indicated in paragraph 548 For the complete disinfestation of a ship SO_2 or HCN gas are most effective.

550 **Disinfection of vehicles**—Any ambulance car or wagon or other vehicle which has been used for the carriage of a case of infectious disease or of an infected person or of infectious or infested articles will be disinfected by spraying with formalin solution or by swabbing

the whole interior with 2½ per cent cresol solution before being used again; all articles accompanying the patient will also be suitably disinfected, this will be carried out by the medical authorities

551. Disinfection of drains, gullies, etc—Complete disinfection of drains, gullies, taps, latrines, urinals, refuse receptacles, etc, in barracks or in camp is practically impossible While disinfectants used in such places may act as deodorants, the mere fact that such places need deodorization indicates faulty conditions This should be looked into and corrected, but disinfectants will not be used

552 Destruction of Infected articles—The destruction of any article instead of its disinfection is rarely justified When on grounds of health, the destruction of any article of public or private property is deemed absolutely necessary the medical officer concerned will report accordingly in order to obtain authority for carrying out the destruction, but in cases where delay would involve risk or danger to the troops he must act on his own responsibility, and be prepared to justify his action when making application for covering authority

553 Cleansing of Army Schools—Army schools will be cleaned during the Christmas and Summer vacations in the following manner —

(a) All dados desks, seats, floors, and other woodwork will be cleansed thoroughly with 2½ per cent cresol solution
(b) The windows will be left open, if practicable, throughout the *whole vacation.*
(c) *Annually* under the direction of the M E S the walls of W C s urinals and other walls previously limewhited will be thoroughly scraped brushed and re limewhited
(d) *Every five years* the walls of the school rooms will be re distempered, ceilings re whitened and painted work repainted as may be deemed necessary by the M E S

554 Methods to be employed in different diseases—As soon as possible after the removal of any case of communicable disease disinfection or disinfestation or both as described in paragraphs 533 552 will be carried out when applicable and as indicated hereunder

GROUP I

A. Cholera Puerperal septicæmia	Complete disinfection.
B Dysentery (including clinical dysentery) Enteric group *Infective enteritis* Paratyphoid fevers Typhoid fever Mediterranean or undulant fever	Local disinfection but excluding the adjacent beds and bedding *and including latrine pans and* seats.
C. Venereal diseases	Disinfection of bedding, underclothing towel and handkerchiefs only except in cases of secondary syphilis when eating and drinking utensils should be dealt with.

GROUP II

A. Plague (pneumonic) Tubercle of the lung	Complete disinfection
B Cerebro-spinal, fever Diphtheria Encephalitis lethargica Influenza Measles Mumps Pneumonia (lobar and lobular) Polio myelitis Rubella Scarlet fever Whooping cough	Local disinfection, and in addition eating and drinking utensils, if accessible and toys and pencils in the case of children will be dealt with.

GROUP III

A Small pox	Complete disinfection.
B Anthrax (utaneous) *Chicken pox Erysipelas Ophthalmia neonatorum Pink eye	Local disinfection.

GROUP IV

Plague (bubonic) Relapsing fever Trench fever Typhus fever	Disinfestation as defined in para graph 548

GROUP V

Communicable skin dis ases	Local disinfection but excluding the adjacent beds and their bed ding

* During an epidemic of small pox complete disinfection.

SECTION XII.—MEDICAL DUTIES IN CONNECTION WITH THE MOVEMENT OF TROOPS.

GENERAL

555 Administration.—Under the orders of the G. O. C. district or independent brigade, the A. D. M. S. will issue such orders or take such steps as may be necessary to ensure adequate medical arrangements being made for troops moving from or within his area.

556 Medical arrangements.—Medical personnel and equipment will be detailed from B. M. Hs. and I. M. Hs. as noted in the subsequent paragraphs.

An adequate supply of "preventive packets" for protection against V. D. will be included in the medical equipment with troops moving by road, river and rail.

Written orders and instructions will be given to officers, or members of the I. M. D. detailed in medical charge of troops or to other medical personnel accompanying troops by the officer who details them for this duty as to :—

(a) the disposal of sick on the march or journey,

(b) care and disposal of medical equipment,

(c) handing over medical charge of the troops and the return of medical personnel to their original stations.

557 Responsibility for medical equipment.—The officer or member of the I. M. D. detailed in medical charge of troops is responsible for the medical equipment issued for the march or journey. He will check the equipment on taking it over and again on handing it over.

Troops moving by road

558 Medical arrangements.—All men unfit to march will be detained in or admitted to hospital until fit to rejoin their corps. The hospital arrangements and the medical equipment required for detachments moving are laid down in para. 323.

559 Disposal of sick.—During the journey sick will be admitted to military hospitals on the line of march as may be necessary, or will be disposed of in accordance with any special instructions issued. Officers in medical charge of units or detachments will report the numbers of sick requiring admission to hospital to the O. C., B. M. H., or I. M. H. of stations through whom they pass.

560 Returns.—Returns of sick on the line of march will be rendered in accordance with para. 400.

Troops moving by rail

561 Hospital arrangements.—The hospital arrangements are laid down in para. 323.

562. Medical personnel.—The scale at which medical personnel will accompany troops moving by rail is laid down in Regs. for the Army in India, para 631

563 Duties.—The officer or the member of the I M. D, in medical charge of troops travelling by train, is responsible not only for the care of any sick in his charge but also for bringing to the notice of the O C train any defects likely to lead to the production of disease and suggestions for remedying them.

Before the troops entrain he will inspect the accommodation provided and will bring to the notice of the O C train any cases of overcrowding and any defect in the kitchen cars, carriages and latrines.

He will ensure that the supply of drinking water is adequate and chlorinated (*vide* Regs. for the Army in India, para 634)

In the case of serious illness he will telegraph to the nearest military hospital (or in cases of immediate urgency to the nearest civil hospital) for transport to meet the train. The nature of the illness and probable time of arrival must be mentioned

He will forward to the A D M S of the district or independent brigade area in which the troops arrive a report of any medical of sanitary defects or any special points he wishes to bring to notice.

He will satisfy himself that the supply of drugs dressings and medical comforts is sufficient for the journey

564 Returns.—Returns of sick moving by train will when required, be rendered as for troops on the line of march.

Troops moving by river

565 The above instructions apply to troops moving by river

Troops moving by sea

566 General.—Special arrangements in connection with troops, moving by sea, are contained in Regs. for the Sea Transport Service and I A Os. on trooping published from time to time See also paras 115 and 323

Annual relief of British troops

567 British troops arriving in India from the U K.—The medical duties in connection with the transport of troops from the U K. to India are laid down in Regs., M. S A. The statistical returns to be rendered, inspections to be carried out, and information required regarding sick, etc., are detailed in K. R., paras. 1145, 1159 and 1186.

568 British troops proceeding to the U K.—The medical duties in connection with the transport of troops and invalids to the U K are published in India Army Orders from time to time.

Troops moving by sea other than to and from the U K

569 Administration.—The general medical administration and arrangements in connection with hospital ships, ambulance transports and transports will be carried out by D A Ds. M. S or by E M Os attached to embarkation staffs acting under the orders of the D M. S in India

570 Officer in medical charge —The officer in medical charge of [illegible]

571. Returns to be rendered.—Statistics will be rendered on A. F B-182 (modified for India)

In the case of British troops, Hospital Record Cards (A. F I 1220) will be made out for all cases admitted to hospital or dying on board ship and will be forwarded to the D M. S in India on completion of voyage

SECTION XIII.—THE ROYAL AIR FORCE IN INDIA.

THE RELATION OF THE MEDICAL BRANCH OF THE ROYAL AIR FORCE TO THE MEDICAL SERVICES OF THE ARMY IN INDIA.

572 General —Officers of the R A F Medical Branch are entirely at the disposal of R A F authority for all purposes of discipline, posting and allocation of duties

573 Duties —Subject to the foregoing stipulation a R A F. medical officer may do duty in the local military hospital under arrangement with the officer commanding the hospital, or may be detailed for such other duties as may be requested by the A D M S. of the district, provided that there is no interference with the efficient discharge of his duties to the R A F, and subject to the consent of the officer commanding the R A F unit concerned

He may be detailed by his commanding officer, at the request of the O C a military hospital, to act as orderly medical officer of the hospital, in which case a notification of the dates on which he will be so employed will be published in station orders.

574 Leave —When a R A F medical officer applies for leave and a R A M C or I M S officer is required to perform his duties *in his absence applications for his relief will be made as follows* in the case of—

(i) casual leave, the O C, R A F unit concerned will apply to the O C station for a relief, or for arrangements to be made to permit of the medical duties being carried out during the proposed absence,

(ii) [illegible]

posed absence

575 R A M C or I M S officers in medical charge of R A F. units will be guided by R A F Instructions and Orders (India) in carrying out their duties.

576 Sanitation.—The O C, B M H of the station will advise [illegible]

the P M O, R A F (India) Instructions as to any action to be taken upon such recommendations will be issued by Headquarters, R A F. (India)

577 Admission to hospital —Officers and airmen of the R A F. requiring admission to hospital will be admitted to British military hospitals under the same rules as British officers and men of the Army in India (*see* para 271)

The families of officers and airmen of the R A F will be admitted to military family hospitals under the same conditions as families of British officers and other ranks of the Army in India (*see* para 271)

Indian personnel and public followers of the R A F requiring admission to hospital will be admitted to I M Hs under the same *conditions as Indian troops and followers of the Army in India* (*see* para 271

Instructions for the preparation of Royal Air Force medical statistical returns

578 The following forms in use in the Royal Air Force require to be prepared and rendered as shewn when Royal Air Force officers and airmen are treated in hospital —

Form 38 . .	Weekly sick report
Form 39 (Army Form I 1220) and Form 41	Record of individual sickness.
Form 48 . .	Medical History Envelope

579 Form 38 —Consists of a flimsy and stouter sheet, the whole being bound in book form and providing a weekly list of cases admitted to hospital

(i) Form 38, Sections I and IV will be completed for each weekly period Sunday to Saturday by all military hospitals receiving sick from Royal Air Force units

Section I —(*a*) Full particulars of all fresh cases, officers and airmen, admitted during the week to hospital are to be entered in this section as received, with the exception of cases of 48 hours duration or less which are discharged to some form of duty within that time, but cases transferred from hospital to another hospital will be shown in this section irrespective of the duration of their stay In the case of officers or airmen originally ' detained only, who are subsequently admitted to hospital the date on which they were detained will be given as the date of admission Cases under treatment but still doing some form of duty will not be included Each case on the form is to receive a serial number the 1st case on 1st January being numbered 1 and the series continued up to 31st December The how disposed of' column of the flimsy will be filled up at the end of the week as follows —

For cases returned to duty the words duty or light duty' will be entered For cases discharged to unit who are unfit to resume duty the words excused duty' will be inserted

For cases admitted during the week and still remaining the word "remaining' will be inserted

For cases admitted during the week and transferred elsewhere for treatment, the name of the unit to which they have been transferred and the date of transfer will be inserted.

In case of death, the word DIED and the date of death will be entered.

(b) The "how disposed of," "date of discharge" and "number of days sick" columns of the stout sheet (office record) will be completed when the patient is discharged.

(c) When there are no admissions during the week, "Nil" returns are to be rendered.

Section IV is self explanatory
Section II
Section III } will not be completed.
Section V

(ii) Procedure at the end of each year—

(a) All cases remaining in hospitals on 31st December will be regarded as nominally discharged on that date and re admitted on 1st January These nominal discharges will not, however, be shown in Section IV of Form 38, only actual discharges will be recorded in this Section.

(b) When the 31st December does not fall on a Saturday, the Form 38 due to be compiled on the last Saturday of the year will be extended to include all cases admitted up to midnight of 31st December. Similarly, the first Form 38 rendered in the new year will include the period, if any, subsequent to 31st December and additional to the first complete week of the new year Section I of the latter form will be divided into two distinct parts—

(i) Cases remaining from 31st December and re admitted in accordance with (a) above The original serial number prefaced by the letter "R" will be entered, but the date of admission will be recorded as 1st January, and

(ii) Entirely new admissions since 1st January

(iii) Officers commanding military hospitals will complete the flimsy sheet, as far as possible, to the end of each week and forward it to the medical officer in charge of the R. A F unit when a R. A F unit is located at the same station as the hospital, when this is not the case direct to P M. O, R A F, India

580 Form 39 (Army Form I 1220)—Discharge from hospital—Record card—

(i) Whenever a patient is discharged from hospital to another hospital or convalescent depôt, to leave on medical certificate or duty after more than 48 hours sickness, invalided or dead, details of the case will be extracted from the case sheet (R. A. F (India) Form 41) and reported on Form 39 The flimsy will be placed in Form 48 (medical

history envelope) and the card will be forwarded with Form 38 at the end of the week The number of Forms 39 forwarded each week will always agree with the number entered in line 4, Section IV of the Form 38 for the week concerned.

(ii) In order to complete the statistical data for the year, Form 39 will be completed for all patients, other than 48 hours cases, (equivalent of "Detained patients') remaining in hospital on 31st December Therefore all such patients will have two forms 39 rendered for them, one for the period up to 31st December and the other for the remaining period of the disability

Form 39 for the period of sickness up to 31st December will be marked on the top and on the "date of discharge to duty" line "Remaining 31st December ".

On Form 39 for the further period of sickness, the card will be prominently marked at the top "Remaining from 31/12 " and the original serial number prefaced by the letter 'R' will be entered, but "The date of admission" line will read "Re admitted 1/1 " The "No of days under treatment" line will shew only the period from 1st January.

(iii) Method of reckoning total number of days under treatment :—

(a) When cases are admitted to hospital direct from a unit at the same station and discharged to duty, each period of 24 hours in hospital will be counted as one day. Periods of 12 hours or less, in excess, will not be counted Periods of over 12 hours will be counted as one day

(b) When cases are admitted to hospital from a unit at another station and discharged to duty, both the day of admission and the day of discharge will be counted.

(c) When cases are transferred to another hospital, the day of transfer will not be counted by the hospital from which the case is transferred

(iv) In all cases of injury the date of the accident together with a short reference as to the cause and a statement as to whether the injury was sustained on duty, off duty or on leave will invariably be recorded under "Previous history of the case" In cases of disease for which prophylactic inoculation is practised (e g, the enteric group, small pox, cholera, plague) dosage and dates of relevant inoculations will also be recorded, where no inoculations have been carried out a note will be made to this effect In cases of death the findings at the autopsy (if held) will be recorded and an opinion expressed on Form 39 as to whether death was the result of wound, injury, or disease directly attributable to the conditions of service.

581 **Form 48 (Medical History Envelope)**—Form 48 for every R. A. F. patient (officer or airman) should be received at the hospital with the patient. If not received within 48 hours after admission application should be made to the O. C. the R. A. F. unit concerned.

Form 48 should always be available on the occasion of a medical board on an officer or airman for the information of the board.

On discharge of a patient from hospital Form 48 will be forwarded immediately to the O. C. the R. A. F. unit concerned.

582 **Records and returns on board ship**.—(*a*) Form 39 will be made out for all officers and airmen admitted to hospital on board ship. A note will be made on each case as to the disposal of those remaining in hospital on arrival at the port of disembarkation.

(*b*) One Form 38 complete in all details for the whole period of the voyage will be rendered for each of the classes noted below:—

(i) R. A. F. personnel proceeding on service abroad.

(ii) R. A. F. personnel returning home from abroad.

(iii) R. A. F. personnel proceeding from one station abroad to another.

(iv) R. A. F. personnel invalids returning to U. K.

(v) R. A. F. personnel sick and wounded transferred from active service in the field.

(*c*) At the end of each voyage the Form 39 (cards) and Forms 38 will be forwarded to the D. M. S., Air Ministry, London, at home or P. M. O., or S. M. O., R. A. F. command abroad, in which the port of disembarkation is situated or to the R. A. F. Embarkation Officer (for transmission to the P. M. O. or S. M. O.) if there is one at the port of disembarkation.

(*d*) Form 48 of patients who are not discharged to duty before disembarkation will be forwarded to the same destination as the patients. Application for Form 48 in the event of sickness on the voyage will be made to the O. C., R. A. F. unit or draft concerned, and on discharge to duty during the voyage, will be returned to him.

(*e*) Forms 38, 39 and 41 should be available in all stationery boxes on transports. If not, they may be obtained on requisition from the R. A. F. Embarkation Officer at the port of embarkation.

Disposal of R. A. F. personnel on discharge from a military hospital and instructions for medical boards

583 **Discharge from hospital.**—Officers and airmen will be ordered to report to the O. C., R. A. F. unit concerned, but officers granted leave on medical certificate may proceed on leave direct from hospital, if they wish to do so.

584. **Medical boards**.—Medical boards will normally consist of three medical officers, the president being of field rank; a R. A. F. medical officer, if available, will be a member of the board.

Medical boards will be held on R A F personnel in the following circumstances —

(a) *Officers*—

(i) On discharge from hospital if there is a possibility of any permanent disability resulting from the illness or injuries.

(ii) When recommended sick leave—

Sick leave may be recommended by a medical board up to a maximum of 6 months in the first instance, and in or out of India

An officer whose medical condition necessitates leave to Great Britain (or British Colony, *vide* Passage Regulations, India) should be specifically recommended for such

Sick leave to Great Britain should not be recommended unless the officer is considered likely to be fit for service in India at the expiration of 6 months from the date of commencing sick, but transfer to home establishment under sub clause (iii) below will be recommended

An officer recommended sick leave to Great Britain should be warned that he will be re examined by a medical board on arrival there and that, if he is considered by the home authorities to be unlikely to become fit for service in India within the maximum period of 6 months permissible, he may be required to revert to the home establishment forthwith or at the expiration of any accumulated leave due to him

(iii) When proposed for transfer to home establishment as invalids.

(b) *Airmen and families of officers or Airmen*—When proposed for transfer to home establishment as invalids

585 Convening of Boards—The convening authority will be the A O C, R A F, India Medical boards may be arranged at the request of the local R A F authorities by the O C military hospital concerned

586 Forms—(a) R A F (India), Forms 46 and 47 will be used for officers under para 584 (a) above except where an officer is recommended for sick leave out of India or for transfer to home establishment as an invalid when I A F M 1243 will be used

(b) A F B 1" 1 will be used for airmen proposed for transfer to home establishment as invalids

(c) A F A 2 will be used to record the proceedings of a medical board held on a wife or child of an officer or airman

587 Instructions for completion and disposal of the forms—(a) R A F I 47 will be completed in triplicate as follows —

Findings of board.—Officers will be classified in respect of their medical fitness to perform both aerial and ground duties within the standards laid down, in accordance with the following procedure :—

(i) The letter "A" will represent "Fitness for aerial duties" and "B" will represent "Fitness for ground duties".

(ii) A series of numerals qualifying fitness for aerial duties will be added, as requisite, after the letter "A," *viz* :—

1 full flying duties.

2 limited flying duties.

3 combatant passenger (piloting excluded).

4. Non combatant passenger.

(iii) Letters will subsequently be added after both "A" and "B" for the purpose of indicating limitations of fitness, as follows :—

h. home service only.

t. temporarily unfit.

p. permanently unfit.

Unless otherwise indicated an officer will be assumed to be fit for general service.

If further treatment in a convalescent depôt in India is recommended, this should be stated.

The period for which an officer is likely to remain unfit for the full duties of his branch must be stated.

Leave in or out of India may be recommended up to 6 months. The orders given to the officer may be :—

(i) To return to duty.

(ii) To proceed on leave in India in anticipation of sanction.

(iii) To remain in hospital or to return to unit pending transfer to a convalescent depôt or pending embarkation to U. K. on sick leave or as invalid.

All copies of R. A. F. (I) F 47 will be forwarded to the P. M. O., R. A. F., for approval and disposal. One copy will be returned as the board's office record.

(*b*) R. A. F. (I) F-46 (card and flimsy) will be typed from Form 47 and signed by the president and members of the board. The card will be forwarded to the P. M. O., R. A. F., and the flimsy will be placed in Form 48.

(*c*) I. A. F. M. 1243, A. F. B. 179 and A. F. A. 2.—These forms will be completed in triplicate in accordance with the instructions printed on the forms except that where invaliding is proposed on A. F. B. 179 the recommendation will in all cases be for transfer to home establishment as an invalid.

The forms on completion will be forwarded to the P M O, R A. F, who on approval, will return the hospital record copy direct to the O C hospital concerned

Information must be given on the board proceedings as to —

(i) Urgency of passage and fitness or otherwise to travel by ordinary transport (Passage Regulations, India).

(ii) Whether wife and family, or other attendant, should ac company (Passage Regulations, India),

The individual under examination should be instructed to return to hospital or unit to await embarkation orders

Arrangements for passages of invalids will be made by Head quarters, Royal Air Force, direct with the embarkation authorities.

Dental treatment of Royal Air Force personnel in India

588 Officers —(i) A serving officer who has been wounded in action, or has been injured through the performance of air force duty otherwise than in action, and has thereby lost a tooth, or sustained any other injury necessitating the use of a denture, will be supplied with such, but the cost of repairs and replacements, so long as he continues to serve will be borne by the officer except as indicated in (ii)

(ii) An officer of the general list, who is qualified to wear wings, or a pupil under instruction in flying, with the exception of such as shall have been found by a medical board to be permanently unfit for flying or instruction in flying, is entitled to whatever treatment is necessary to mak
into as healthy a c
and repaired for, s
or medical officer
necessary to make
where the supply or repair is necessitated by loss or damage through neglect or misconduct on the part of the officer or pupil, the cost of the necessary replacement or repair will be borne by the officer or pupil

589 Airmen (including boys) —Airmen (including boys) will be given such remedial treatment as is necessary to render them dentally fit for service Dentures will be supplied under the following conditions only —

(a) A fully trained airman who incurs such loss of teeth as would otherwise cause his discharge as an invalid, may be provided with an initial supply of artificial dentures at the public expense if, in the opinion of the medical officer, he will be thereby rendered fit for service; but except as indicated in (b), (c) and (d) below, any renewals or repairs which may subsequently be necessary will be provided at the expense of the airman himself at the rates to be fixed by the dental surgeon in consultation with t

Controller of Military Accounts concerned The rates fixed should be the cost price of the material used, *plus* freight charges and other incidental expenses, excluding the cost of dentist's time and departmental charges

(*b*) An airman, whose trade classification is pilot, wireless operator (mechanic), or wireless operator, or who holds the non substantive qualification of aerial gunner, will be supplied with dentures when the dental or medical officer superintending treatment certifies that these are necessary to make the airman dentally fit, and these will be repaired at the public expense, if and when necessary.

(*c*) An airman not below the rank of sergeant who has been supplied with artificial dentures at the public expense may be provided with any necessary renewals or repairs to such dentures at the public expense, but before such renewals or repairs are carried out the airman must, by a court of enquiry, be absolved from all blame or suspicion of contributory negligence

(*d*) An airman who as the result of —

(i) Injury received whilst on duty, otherwise than through his own fault,

(ii) Wound, injury or disease directly attributable to active service,

incurs loss of teeth, may be provided, at the public expense, with artificial teeth and such subsequent renewals, or repairs thereto as may be necessary, but before such renewals or repairs are made at the public expense, the airman must, by a court of enquiry, be absolved from all blame or suspicion of contributory negligence.

590 Damage through culpable neglect —When dentures originally supplied from navy, army, or air force funds can be shown to have been lost or damaged through neglect or misconduct, the airman should be placed under stoppages for the cost of repair or replacement, as an expense caused by him—*vide* Section 138, para (4) of the Air Force Act

591 Provision of porcelain crowns —(i) When the loss of teeth does not necessitate the provision of a denture, porcelain crowns may, subject to the approval of the inspecting dental officer, be fitted in such cases as accidental fracture of incisor teeth and where there has been extensive decay of an incisor leaving a root which can be made sterile

(ii) Each case should, in the first instance, be submitted to the inspecting dental officer who will satisfy himself that the case is suitable in every respect for crowning, bearing in mind that the fitting of crowns solely to improve the man's personal appearance is not justifiable

(iii) Stocks of crowns should not, however, be kept at fixed centres, but indents for individual requirements should be made on the Medical Store Depôt, Bombay

592. Provision of dental treatment.—(i) Dental treatment of officers and airmen will be carried out by officers of the A. D Corps whenever these are available

(ii) Army procedure will be followed Whenever dentures are required I A F (Medical) 5 will be filled in, the Principal Medical Officer, Royal Air Force in India, being the sanctioning authority.

(iii) Particulars of the issue of a denture, giving number of teeth and date, will be recorded on Table VII of Form 48 by the dental officer.

(iv) Before submitting any recommendation for dentures for men of low category, the officers concerned will carefully consider whether the man's services are of such value as to warrant an expenditure from public funds on artificial teeth.

593 Procedure for obtaining payment from airmen for renewals or repairs not chargeable to the public —The dental officers supplying or repairing the denture will complete I. A F C-868 A (Issue of equipment on repayment), obtain the signature of the airman and forward the form, in triplicate, to the officer commanding the airman's unit, who will forward two copies with the pay list to the Controller of Royal Air Force Accounts, who will sign and return one copy to the unit.

594 Treatment by civilian dental surgeons.—(i) Where a service dental officer is not available, the medical officer in charge may refer a case to a qualified and registered local civilian dental surgeon for examination and for necessary approved treatment.

(ii) The scale of fees arranged by the Army medical authorities [illegible]

Funds.

595 Dental treatment of wives and families of airmen.—The wives and families of airmen on the married establishment may be given dental treatment, provided they are able to attend at the dental surgery of an army dentist or civilian dentist engaged for attendance on troops No charge should be made for the necessary materials supplied Dentures, however, should only be supplied or repaired on repayment at the rates laid down in paragraph 589(a) as from time to time amended [illegible]

ment for the wives and families of airmen.

APPENDIX I.

APPOINTMENTS.

OFFICERS

NOTE 1.—With the exception of the appointment of D M S in India the authority competent to make officiating appointments in vacancies due to the absence of the permanent incumbent on leave or from any other cause and the manner in which such appointments will be notified will be the same as for permanent appointments.

For appointments the permanent incumbents of which are nominated by the D M S and sanctioned by the C in C the authorities for nominating and sanctioning officiating appointments in privilege leave vacancies and vacancies due to sickness up to 60 days will be the D D M S and G O C in C of the Command respectively

NOTE 2.—For administrative and staff appointments *see* Regulations for the Army in India Appendix XII

Item No.	Appointment	Nominated by	Sanctioned by	Orders in which published	*Conditions*	*Duration of tenure*
1	Surgeon to His Excellency the Viceroy	Viceroy	Viceroy	Gazette of India	R A M C or I M S appointment serves under the Government of India	
2	Surgeons to Governors	Governor	Governor	Do.	R A M C or I M S appointment	
3	Surgeon to C in C	C in-C	C in C	India Army	As for item 2 above	
4	Additional M O A H Q	D M S	C in-C	Do	Do	
5	Officer in Charge Medical Store Depôt.	D G I M S	Government of India	Gazette of India	I M S appointments In the case of the Medical Store Depôt at Rangoon the charge is held in addition to the officer's ordinary duties	Unlimited

6	M. O. Lawrence Royal Military School, Sanawar	D. M. S.	C. in C.	India Army	I. M. S. appointment for an officer of the rank of Lieut. or Captain who must be married and a member of the Church of England	2 years
7	Command B. M. H.— (a) at district and brigade headquarters stations	Do	Do	Command and District	(a) R. A. M. C. appointments	(a) Normally 2 years which may be extended
	(b) At Murree, Dalhousie, Darjeeling, Dagshai, Lebong, Jutogh, Mt. Abu, Kasauli, Jacobabad, Landour, Ranikhet, Wellington, Chakrata, Naini Tal, Agra, Delhi, Fort, Jhansi, Multan, Fyzabad, Cawnpore, Kamptee, Deolali	Do.	Do	Do	(b) Do	(b) Do
	(c) At other stations	D. D. M. S. Command or A. D. M. S. Independent district or brigade	G. O. C. in C. command or independent district or brigade commander	Command, District or Brigade	Do	
8	Command I. M. H.— (a) 1st and 2nd class	D. M. S.	C. in C.	Command and District	I. M. S. appointments	(a) Normally 2 years which may be extended
	(b) At Bakloh, Dharmsala, Almora, Shillong and Maymyo	Do	Do	Do	Do	
	(c) 3rd, 4th and 5th class	D. D. M. S. Command or A. D. M. S. Independent district or brigade	G. O. C. in C. command and independent district or brigade commander	Command, District or Brigade	Do	
	(d) 2nd-in-command 1st or 2nd class I. M. H.	Do	Do	Do	Do	

Item No	Appointment.	Nominated by	Sanctioned by	Orders in which published	Conditions	Duration of tenure
9	Command I H C Company	D M S	C in C	Command and District	R. A M C or I M S appointments. A R. A. M C officer must have passed the qualifying test in Urdu or must pass within 6 months of appointment.	3 years extendable to 4 years
10	Staff Surgeon district and brigade headquarters	A D M S district or independent brigade	District or independent brigade commander	District or Brigade	R A M C or I M. S appointment. The charge is in addition to the officer's ordinary duties	
11	Staff Surgeon, Bangalore Poona and Quetta	D M S	C in C	Command and District.	I M S appointments for officers under the rank of Lieut. Colonel when promoted to this rank the officers vacate the appointments. Bangalore —Staff Surgeon has also charge of the local vaccination department.	4 years
12	M O Staff College Quetta	Do	Do	Do	R. A. M. C_3 or I M. S appointment	4 years
13	Specialist appointments	Do	Do	India Army	R A. M C or I M. S appointments. These officers must be specially qualified. The duties of these appointments are performed in addition to the officer's ordinary duties	
14	Officers in charge Enteric Laboratory and Military Food Laboratory at Kasauli.	Do	Do	Command and District.	R.A M C or I M.S appointments	4 years.

14-A	Officers in charge brigade laboratories	Do	Do	Do.	Do	
15	Officers in medical charge troops and followers	O C B M H or O C I M H	O C station	Station	A R A M C officer for British units including Indian troops forming part of these units and public followers attached An I M S for Indian units and followers	
16	Dental officer in charge Dental Centre	D M S	C in C	Command and District	A D Corps appointment	
			Assistant Surgeons			
17	(a) Sub-medical charge A H Q establishments (b) Sub medical charge Summer Hill	D M S	C in C	India Army	Perform their duties under the Surgeon to the C in C	(a) and (b) 3 years
18	Sub charge B M H	D D M S command or A D M S independent district or brigade	G O C in C command or independent district or brigade commander	Command District or Brigade	By selection	No limit except in the case of a permanent B M H in the Hills when the tenure is 2 years commencing on 1st November
19	Sub-charge (a) I H C Company (b) District Medical Mobilization Stores	D M S	C in-C	Command and District	Must have qualified in preliminary Urdu or have obtained exemption therefrom under para 157 P & A Regs., India Part II	(a) and (b) 3 years extendable to 5 years
20	Sub charge X Ray apparatus	Do	Do	Command or District	Must be specially qualified	3 years

Item No.	Appointment.	Nominated by	Sanctioned by	Orders in which published	Conditions	Duration of tenure
21	M. O. i/c [illegible] ward	D. D. M. S. command or A. D. M. S. Independent District or Brigade	G. O. C.-in-C. command and G. O. C. Independent District or Brigade commander	Command, District or Brigade.		
22	M. O. i/c District Laboratory	D.	C.-in-C.	Do.	Only those medical officers [illegible] knowledge by attendance at a [illegible] at a [illegible] laboratory	2 years extendable to 3 years
23	M. O. i/c [illegible] Laboratory Kasauli	D. M. S.	D.	District	As in item 22	2 years extendable to 3 years.
24	Senior medical charge [illegible] at Cawnpore, Kirkee, Aruvankadu, Ishapore, Jubbulpore	D. D. M. S. command	G. O. C.-in-C. command	Command		
25	Medical charge Remount Depôt at [illegible], Sargodha	Do.	Do.	Do.		
26	Medical charge Cavalry School, Saugor	Do.	D. D. M. S. command	Do.		
27	Attached to H. Q. Northern and Southern Commands	D.	G. O. C.-in-C. Command	Do.		
28	Attached to Prince of Wales Royal Indian Military College Dehra Dun	D. M. S.	C.-in-C.	District		3 years extendable to 5 years

28-A	Attached to — (a) Embarkation Medical Bran h, Bombay (b) Fmt arkation Medical Branch Karachi	D M S	C in C	India Army		(a) and (b) 3 years extendable to 5 years
			Sub-Assistant Surgeons			
*9	Army Headquarters	D M S	C in C	India Army	Performs I is duties under the Surgeon to the C in C Must be specially qualified	3 years exten lable to 6 years
30	Sub-charge X Ray apparatus	Do	Do	Command and District		
31	Sub-charge I M H	D D M S command or A D M S independent district or brigade	G O C in C command or independent district or brigade com nander	Command District or Brigade	By selection	
32	Sul medical cl arge Factory at Aruvankadu Proof Department Balasore	D D M S command	G O (in C Command	Co nn an l		
			Military Nursing Services			
33	Q A I M N S Q A M N S I — *Chief Principal Matron and Chief Lady Superintendent.	War Office in tl e case of members of the Q.A I M. N S D M S in India in the case of members cf the Q A M N S I	Q A I M N S War Office with concurrence of the Secretary of State Q A M.N S I Govt of India with concurrence of Secretary of State and War Office	Gazette of In lia	Q A I M N S or Q A M N S I	
	Principal Matrons and Lady Superintendents	Do	I o	Do	Do	

*Note — Bef re any m mber of tl e M N S is nominated on th oc urrence of a vacancy the Govern ient of India will report the vacancy to tl e S cretary cf State with their opinion whetl er it sl ould le filled by a r ember of Q A I M N S or Q A M N S for India, and tl e Secretary of State will decile tl is i estion in consultation with tl e Army Council

Item No.	Appointment	Nominated by	Sanctioned by	Orders in which published.	Conditions.	Duration of tenure.
34	I. M. N. S —					
	Matron . . .	D M. S	Govt. of India	Gazette of India .	By selection.	
35	Matron Military Family Hospital.	O. C, B M. H	District or inde pendent brigade commander with concurrence of D M S	District or Brigade	Soldiers' wives or widows qualified as sick nurses and midwives (*vide* Appendix VIII) will have preference	
			Indian Hospital Corps			
36	Subedar I H C Jemadar	O C, I H C Coy.	Government of India	Gazette of India	By selection	

APPENDIX II

A.—REGULATIONS GOVERNING THE CONDITIONS OF SERVICE OF MEMBERS OF THE Q A M N S. FOR INDIA.

1 *Constitution, promotion and re engagement*—The Queen Alexandra's Military Nursing Service for India consists of —

a Chief Lady Superintendent
Lady Superintendents,
Senior Nursing Sisters and
Nursing Sisters

Promotion to a higher rank is by selection and rests with the C in C (*See* Appendix I)

Lady nurses are engaged for a term of five years reckoned from the date of leaving England or of joining an appointment in India according to the place of engagement With the permission of the Government of India and if pronounced by a medical board to be physically fit for further service in India they may re engage for a second third and fourth term of service or until the age of compulsory retirement, if in all respects efficient and if specially recommended by the C in C

The engagement is terminable at 6 months' notice on either side from the date of its receipt by the D M S or the lady nurse concerned

Notice of not less than thirty days from the date of its submission by the lady nurse concerned will be accepted on the conditions stated in paragraph 3 and on the other hand the Government of India may dispense with the services of a lady nurse at any time and grant her a gratuity under Pension Regulations India An engagement is also terminated by the marriage of a lady nurse

The ages for compulsory retirement are —

	Years.
Chief Lady Superintendent and Lady Superintendent	55
Senior Nursing Sister and Nursing Sister	50

2 *Passages*—Lady nurses are entitled to the provision of free passages to and from the U K as follows —

(i) To India on first engagement if this takes place in the U K.
(ii) To the U K on termination of a term of service whether first engagement took place in the U K. or in India and irrespective of whether the lady nurse re-engages for a further term of service or not
(iii) To India on the expiration of the leave *ex* India granted to lady nurses who, having completed a term of service re-engage for a further term
(iv) When granted leave on m c *ex* India.

They are entitled under the above conditions to free conveyance from their station in India to their destination in the U K and from their residence in the U K. to the station they are posted to on return to India

3 *Penalties for voluntary resignation* —A lady nurse who resigns except on the recommendation of a medical board will be called upon to refund —

£ 10 if less than 6 months' notice is given

This 1 1 T F

4 *Detention beyond expiration of engagement* —A lady nurse who is detained in India beyond the expiration of a five years term of service shall if permitted to re engage for a further term reckon towards the latter term the period from the date of expiry of her first term to that on which she actually ceased to do duty when proceeding on leave No period spent in the Imperial nursing service counts towards a term of engagement in the Indian service

The applicant must give a prospective date from which it is desired that the resignation or retirement may take effect and in cases of re tirement the applicant must also state where she wishes to draw her pension

6 *Leave ex India* —A lady nurse may during a term of service be granted leave *ex* India without pay provided the State is put to no expense This period counts neither as service nor against leave spent on m c *vide* para 7

7 *Leave on medical certificate* —A lady nurse may be granted leave on m c either in or *ex* India up to 12 months in one five years term of service and 6 months in every other term (privilege leave may be taken as part of such leave) This leave will count as service The periods of 6 months leave may be extended on the recommendation of a medical board for a further period not exceeding 6 months on the condition that the period of extension shall be reckoned as service but that it shall be deducted from the leave authorised under para 8

8 *Leave on re engagement* —A lady nurse who on completion of a term of service re engages for a further term may be granted leave *ex* India for such period not exceeding one year as may remain after deducting therefrom any previous extension of leave on m c *vide* para. 7 above This period may be extended by 12 months on the recommendation of a medical board if there is a reasonable prospect of resumption of duty on the expiration of the extension Leave granted under this para will not count as service

Privilege leave may be taken as part of the leave admissible under this paragraph and will count as service

A lady nurse will be eligible for the full period of leave admissible under this paragraph, whether she is re engaged for the full period of five years' service or a portion thereof, on completion of her third term of service

9 *Legal agreement* —A lady nurse, who proceeds out of India on leave aft [illegible]

of her leave from the date of landing in England

10 *Extension of leave* —Extensions of leave *ex* India of lady nurses require the previous sanction of the authorities concerned in India and of the Secretary of State for India

11 *Last pay certificate* —Lady nurses proceeding on leave (other than privilege leave not combined with other leave) require a final last pay certificate or a colonial pay warrant

12 *Privilege leave* —Privilege leave is admissible to lady nurses as for officers, *vide* R A I

B.—TERMS OF AGREEMENT FOR THE ENGAGEMENT OF MATRONS FOR MILITARY FAMILY HOSPITALS.

Articles of Agreement, made this day of one thousand nine hundred and between of of the first part and the Secretary of State for India in Council, hereinafter called the said Secretary of State of the other part :

Whereas the party of the first part has on the day and year above written accepted service under the said Secretary of State as a matron of military family hospitals in India, subject to the conditions hereinafter contained

Now THESE PRESENTS witness and the said parties hereto respectively agree as follows, that is to say —

1 That the party of the first part shall immediately on the execution of these presents, deposit a sum of rupees forty with the officer commanding the military family hospital at the said amount to be refunded by the said Secretary of State to the party of the first part on the determination of the service, unless forfeited by the party of the first part under conditions 4 and 5 hereinafter mentioned

2 That the party of the first part shall and will remain and continue in the service of the said Secretary of State as a matron and shall at all times obey and be subject to the rules and orders in force for the time being for the regulation of the duties of her office

3 That the said Secretary of State shall, subject to the rules and regulations governing the grant thereof, pay to the party of the first part, so long as she shall remain in the service of the said Secretary of State, the salaries and the uniform [illegible]

allowance to be paid in advance, the first payment to be made on the signing of these presents and subsequent payments at the expiration of each twelve months of actual duty performed by the party of the first part under these presents but only on the production of a certificate signed by her that she had no intention of resigning the service within six months from that date.

4. That if the said party of the first part shall at any time hereafter become desirous of quitting the service, she shall, unless prevented by illness or unforeseen circumstances certified to the satisfaction of the officer commanding the military family hospital at which she may then be serving.

give that officer one clear calendar month's previous notice in writing of such desire, and in default of such notice she *shall*, if she quits the service, forfeit to the said Secretary of State the amount deposited by her under condition 1 above The said deposit shall also be forfeited in the event of the party of the first part being dismissed for misconduct

5 That if the party of the first part shall at any time hereafter quit the service within six months of receiving a uniform allowance, she shall, (unless the officer commanding the military family hospital at which she may then be serving, certifies that he is satisfied that her resignation is necessary on account of illness or unforeseen circumstances over which she had no control and excuses her from doing so) refund on demand a portion of the yearly outfit allowance issued to her, the amount to be refunded being assessed at the rate of Rs $\frac{10}{5}$ for each month or a portion of a month by which her service in that year may fall short of six months, if she is in the $\frac{\text{first year}}{\text{second or subsequent year}}$ of her service and may be deducted from the amount of the deposit made by her under clause 1 unless forfeited under clause 4 hereof or any other money due to her by the said Secretary of State

6 That if the said Secretary of State shall at any time hereafter wish to terminate the service of the party of the first part shall be entitled to have one clear calendar month's previous notice thereof or in default of such notice she shall be entitled to one month's salary, provided nevertheless the said Secretary of State shall be entitled to dismiss the party of the first part without notice or payment in lieu thereof for misconduct (as to which the decision of the officer commanding the hospital at which she is then serving shall be final)

7 That the cost of the stamp affixed to this agreement shall be paid by the party of the first part

In witness whereof the party of the first part and the
, on behalf of the said Secretary of State have hereto set their hands the day and year written above

Signed by the party of the first part
in the presence of

Signed by
on behalf of the Secretary of State
in the presence of

B.—TERMS OF AGREEMENT FOR THE ENGAGEMENT OF MATRONS FOR MILITARY FAMILY HOSPITALS.

Articles of Agreement made this day of one thousand nine hundred and between of of the first part and the Secretary of State for India in Council, hereinafter called the said Secretary of State of the other part

Whereas the party of the first part has on the day and year above written accepted service under the said Secretary of State as a matron of military family hospitals in India subject to the conditions herein after contained

Now THESE PRESENTS witness and the said parties hereto respectively agree as follows that is to say —

1 That the party of the first part shall immediately on the execution of these presents deposit a sum of rupees forty with the officer commanding the military family hospital at the said amount to be refunded by the said Secretary of State to the party of the first part on the determination of the service unless forfeited by the party of the first part under conditions 4 and 5 hereinafter mentioned

2 That the party of the first part shall and will remain and continue in the service of the said Secretary of State as a matron and shall at all times obey and be subject to the rules and orders in force for the time being for the regulation of the duties of her office

3 That the said Secretary of State shall subject to the rules and regulations governing the grant thereof pay to the party of the first part so long as she shall remain in the service of the said Secretary of State the salaries and the uniform *allowance fixed for the said office for the time being* such salary to be paid monthly in arrear while the party of the first part is serving under this agreement and to cease on the day of the determination of such service and such uniform allowance to be paid in advance the first payment to be made on the signing of these presents and subsequent payments at the expiration of each twelve months of actual duty performed by the party of the first part under these presents but only on the production of a certificate signed by her that she had no intention of resigning the service within six months from that date

4 That if the said party of the first part shall at any time hereafter become desirous of quitting the service she shall, unless prevented by illness or unforeseen circumstances certified to the satisfaction of the officer commanding the military family hospital at which she may then be serving

give that officer one clear calendar month's previous notice in writing of such desire, and in default of such notice she shall, if she quits the service, forfeit to the said Secretary of State the amount deposited by her under condition 1 above The said deposit shall also be forfeited in the event of the party of the first part being dismissed for misconduct

5 That if the party of the first part shall at any time hereafter quit the service within six months of receiving a uniform allowance, she shall, (unless the officer commanding the military family hospital at which she may then be serving, certifies that he is satisfied that her resignation is necessary on account of illness or unforeseen circumstances over which she had no control and excuses her from doing so) refund on demand a portion of the yearly outfit allowance issued to her, the amount to be refunded being assessed at the *rate of Rs $\frac{10}{6}$ for each month or a portion of a month by* which her service in that year may fall short of six months, if she is in the $\frac{\text{first year}}{\text{second or subsequent year}}$ of her service and may be deducted from the amount of the deposit made by her under clause 1 unless forfeited under clause 4 hereof or any other money due to her by the said Secretary of State

6 That if the said Secretary of State shall at any time hereafter wish to terminate the service of the party of the first part shall be entitled to have one clear calendar month's previous notice thereof or in default of such notice she shall be entitled to one month's salary, provided nevertheless the said Secretary of State shall be entitled to dismiss the party of the first part without notice or payment in lieu thereof for misconduct (as to which the decision of the officer commanding the hospital at which she is then serving shall be final)

7 That the cost of the stamp affixed to this agreement shall be paid by the party of the first part

In witness whereof the party of the first part and the , on behalf of the said Secretary of State have hereto set their hands, the day and year written above

Signed by the party of the first part
in the presence of

Signed by
on behalf of the Secretary of State
in the presence of

APPENDIX III.

EXAMINATIONS OF MEMBERS OF THE I M D. FOR PROMOTION.

GENERAL

The examinations will be conducted in accordance with the rules given in Regulations for the Army in India

1 EXAMINATION OF ASSISTANT SURGEONS OF THE I M D. FOR PROMOTION FROM 3RD TO 2ND CLASS

(a) The examination will be held annually under arrangements made by the D G, I M S on the third Monday in April Should Easter Monday or Good Friday fall in the third week in April the examination will commence on the 1st Monday in April.

(b) *Subjects of Examination* —Regulations, surgery and Surgical Applied Anatomy, Midwifery and Diseases of Women and Children, Medicine Materia Medica and Hygiene

(c) Candidates may present themselves for examination in the above subjects either separately or conjointly, failure in any one subject will entail re examination in that subject alone When candidates fail in several subjects or do not obtain a sufficient number of marks in any one subject the D G, I M. S, may direct that they shall not be permitted to re appear at the next succeeding examination

(d) *Applications for Examination and Centres at which examinations are held* —Applications for examination papers in respect of assistant surgeons stating the number of candidates appearing at the examination and the number of sets of examination papers required, will be forwarded by the A D M S district or independent brigade, on the 1st February, to the authorities shown below —

Assistant Surgeons of all establishments

Peshawar District Kohat District Rawalpindi District Lahore District Meerut District Delhi Independent Brigade Area Lucknow District Presidency and Assam District	To the Principal Medical College, Calcutta direct
Baluchistan District Zhob Independent Brigade Area Sind Independent Brigade area Waziristan District Mhow District Poona Independent Brigade Area Bombay District (including Embarkation Medical Branch Bombay)	To the S G with the Government of Bombay direct
Madras District Burma District	To the S G with the Government of Madras direct

The name and address (not merely the official designation) of the Officer Commanding the hospital at which the examination is to be

[illegible]

papers was forwarded

(e) *Submission of papers*—On completion of the examination candidates' papers in professional subjects will be forwarded direct to the officer in accordance with instructions issued with question papers The answers to questions in Regulations will be forwarded direct to the D D G, I M S, Simla, for valuation

2. EXAMINATION OF SUB-ASSISTANT SURGEONS OF THE I M D.

(i) *For promotion from the warrant grade to the rank of Jemadar,* (ii) *for promotion above the efficiency bar in the rank of Jemadar after 10 years total service*

(a) The examinations will be held twice yearly on the third Monday in April and October Should Easter Monday or Good Friday fall in the 3rd week in April the examination will commence on the 1st Monday in that month

(b) *Subjects of Examination*—Regulations, Surgical Applied Anatomy, Medicine, Surgery, Materia Medica and Hygiene

(c) Candidates may present themselves for examination in the above subjects either separately or conjointly, failure in any one subject will entail re examination in that subject alone

When candidates fail in several subjects or do not obtain a sufficient number of marks in any one subject the D G, I M S may direct that they shall not be permitted to re appear at the next succeeding examination

(d) *Applications for Examination and Centres at which examinations are held*—Applications for examination papers in respect of sub assistant surgeons of all establishments serving in a district or independent brigade will be forwarded by the A D M S concerned on the *1st March and 1st September* to the D G, I. M S *direct.* The application should contain the following information —

(a) Number of candidates
(b) Number of sets of papers required
(c) The station at which the candidates will appear for the examination

The departmental examination of sub assistant surgeons of all establishments will be carried out at headquarters of districts and independent brigades and will be conducted by an officer detailed by the district or brigade commander concerned

(e) *Submission of papers*—The answer papers in professional subjects will be forwarded to the Principal of the School concerned in accordance with instructions issued by the D G, I M S with the question papers, and the answers to questions in Regulations to the D D G, I M S, Simla

APPENDIX III-A.

RULES GOVERNING THE GRANT OF HONORARY KING'S COMMISSIONS TO MEMBERS OF THE SUB-ASSISTANT SURGEON BRANCH OF THE INDIAN MEDICAL DEPARTMENT.

1 The number of honorary King's commissions to be granted will not exceed one per cent of the strength of the military sub assistant surgeons including those in civil employment

2 Senior sub assistant surgeons holding the rank of subedar major or subedar will be given the rank of lieutenant Promotion to the rank of captain will be made in selected cases after 3 years full pay service in the rank of lieutenant Rank thus conferred will be retained on transfer to the pension establishment

3 They will receive the same rates of pay as senior assistant surgeons of corresponding rank in the Indian Medical Department, viz —

Senior sub assistant surgeons with rank of captain—Rs 650 per mensem

Senior sub assistant surgeons with rank of lieutenant— Rs 500 per mensem

These rates of pay will be subject to the conditions laid down in Army Instruction (India) No 544 of 1920 as regards subsequent revision.

4 Sub assistant surgeons on the active list granted honorary King's commissions will be entitled to an outfit allowance not exceeding Rs 600 on the production of vouchers showing that they have purchased kit and equipment to the value stated and a certificate from their commanding officer to the effect that the articles in their possession have been purchased as stated and that they are 1

necessary vouchers to that effect.

5 Sub charge allowance as at present authorised for sub assistant surgeons will be drawn in addition to pay of rank.

6 Officers granted honorary King's commissions will relinquish, while serving on the active list, any special allowance or concessions, such as field or foreign service batta, clothing allowance and free rations.

7 Rent for quarters will be charged in accordance with Regulations for the M E S, Section IV, the concession of free quarters being restricted to those officers whose duties require them to live in particular quarters in order to be near their work

8 They will be eligible for decorations as at present and for the allowances attached thereto.

9. They will, on transfer to the pension establishment, be eligible for free passage to their homes under Passage Regulations, India, para. 300 (c) and for double the rates of pension, based on the ordinary rate of pay admissible to sub assistant surgeons with the rank of [illegible]

the double rates of pension The cases of sub assistant surgeons granted honorary King's commissions who are invalided or otherwise discharged before completing three years' honorary King's commissioned service will be considered on their merits.

Sub assistant surgeons who have already been transferred to the pension establishment and who are granted honorary King's commissions will draw the enhanced rates of pension with effect from the date of their commission.

10 Family pensions will be regulated by the general rules which apply to the Indian rank held, but the rates shall be increased by Rs 5 per mensem for each year or part of a year of honorary King's commissioned service on the active list rendered by a deceased officer, subject to a maximum of Rs 75 per mensem in all When death occurs in ordinary circumstances, *i e*, otherwise than as indicated in para 252, Pension Regulations, India, either during service or after retirement, a family pension of Rs 25 per mensem will be admissible, subject to the general rules indicated above

11 Claims to wound and injury pensions will be considered and dealt with on their merits

APPENDIX IV-A.

A —REGULATIONS GOVERNING THE GRANT OF STUDY LEAVE TO OFFICERS OF THE I M S

(REGULATIONS PRESCRIBED UNDER FUNDAMENTAL RULE 84 REGARDING THE GRANT OF STUDY LEAVE TO OFFICERS OF THE INDIAN MEDICAL SERVICE WHO ARE SUBJECT TO THE LEAVE RULES UNDER SECTIONS I TO V OF CHAPTER X OF THE FUNDAMENTAL RULES)

1 Extra leave for the purpose of study may be granted by the Government of India or by local Governments to officers of the Indian Medical Service on the recommendation of the Director General Indian Medical Service The powers granted by these rules to the Government of India or to local Governments may be delegated by them to the High Commissioner for India subject to any condition they *may think fit to impose*

2 The period of such study leave will be calculated at the rate of one twelfth of the same service as qualifies for leave under Rules 77 and 78 of the Fundamental Rules up to a total in any case of 12 months in all during an officer s service

3 Study leave may be taken at any time but an officer who retires, except on account of ill health not later than three years from the date of return to India after taking study leave shall be liable to the cancellation of any benefits which he has received under these rules in respect of that study leave and to the refund of any additional monies received under them

4 The minimum period of study which will render an officer eligible for study leave shall be two months

5 The minimum period of leave granted solely as study leave shall be six months Time spent on the journey to and from India by an officer whose *study leave is not combined with any other kind* of leave will reckon as study leave but the allowance specified in Rule 10 will not be granted during the period of the journey An officer whose study leave is combined with any other kind of leave will, however be required to take his period of study leave at such a time as to retain, at its conclusion a balance of other previously sanctioned leave sufficient to cover his return journey to India

When an officer has been granted a definite period of study leave *and finds after arrival in England that his course of study will fall* short of the sanctioned period to any considerable extent his absence from India will be reduced by the excess period of study leave unless he produces the assent of the authorities in India to his taking it as ordinary leave

6 *Study leave can be combined with any other kind of leave,* provided the period occupied in study is not less than two months,

and, in the case of leave granted on medical certificate, provided that the Medical Board at the India Office certifies that the officer is fit for study. The total period of absence from duty will be strictly limited to the period prescribed by the Leave Rules to which an officer is subject.

7. Except as provided in Rule 8, all applications for study leave shall be submitted for approval with the Audit Officer's certificate, to the Director General Indian Medical Service, through the prescribed channel, and the course or courses of study contemplated, with details as to institutions at which study will be undertaken, details of commencement and termination of each course, and any examination the candidate proposes to undergo, shall be clearly specified therein.

A copy of the approved programme of study will be forwarded by the Director General, Indian Medical Service, to the Secretary to the High Commissioner for India, General Department. If it is not possible for an officer to give full details, as above, in his original application, or if, after arrival in England he wishes to make any

particulars. In such cases the officer should not, unless prepared to do so at his own risk, commence his course nor incur any expenses in connection therewith, until he receives approval to the course through the High Commissioner.

8. Officers on leave who wish to have part of the leave converted into study leave or to undertake a course of study during leave, should, before commencing study and before incurring any expenses in connec-

if one is available, and by any documentary evidence that the particular course or examination has the approval of the authorities in India. In the absence of such evidence the programme may, if approved, be proceeded with, but no study leave allowance will be admissible until the concurrence of the authority in India concerned is received.

Similarly, officers on leave who desire to have it extended for purposes of study should address the Secretary to the High Commissioner for India, but in addition to furnishing a statement of the proposed study they must support their applications with documentary evidence of their having obtained the approval of the authorities concerned in India to their applying for an extension of leave. They must also produce documentary evidence of the concurrence of the authority in India concerned to the grant of study leave and for study allowance.

9. An officer may be permitted to undertake or commence a course of study during leave on average pay and draw study allowance in

respect thereof, provided that study allowance is not drawn for an aggregate period exceeding 12 months during the whole of an officer's service

10 [illegible] it present fixed at 12s [illegible] he Continent of Europe [illegible] will be admis sible [illegible] ient in respect of study allowances will be made until the satisfactory certificates, as required by Rule 12, are furnished on the completion of the course of study

It is to be understood that in order to qualify for the grant of study leave or for the receipt of study allowance a definite course of postgraduate study at a recognised institution, or of study ordinarily associated with postgraduate work, which must be approved as suitable by the Director General, Indian Medical Service, or by the Medical Adviser to the Secretary of State for India, and which will occupy the time of the officer for a minimum of five days a week and five hours a day, must be pursued Courses of study intended for students preparing for their primary medical qualifications will not be approved

This allowance will not be admissible to an officer who retires from the service without returning to duty in India after a period of study leave, and is liable to be refunded under Rule 3 above in the case of retirement, otherwise than on account of ill health within three years of return to India

Periods not exceeding 14 days of vacation or interval between two courses of study may, at an officer's option, be treated as study leave, in which case the study allowance will be issued Alternatively such periods may be taken as ordinary leave, in which case study allowance will not be issued If such periods exceed 14 days the excess will be treated as ordinary leave without study allowance

Study allowance may be given at the discretion of the Government of India or a local Government for any period up to 14 days at one time during which the officer is prevented by sickness duly certified by a medical practitioner from pursuing the sanctioned course of study.

No course of study will be recognised as study leave for the purpose of the allowance or for any other purpose unless the course of study has been approved in accordance with paragraphs 7 and 8 above

11 The rate of pay admissible during study leave is as follows —

Half average pay subject to the maxima and minima prescribed in Rules 89 and 90 of the Fundamental Rules The rate of exchange prescribed by the Secretary of State in Council for the conversion of leave salary (other than that admissible during the first four months of a period of leave on average pay) shall apply to these allowances.

12 On completion of a course of study, a certificate on the proper form (which may be obtained from the Office of the High Commissioner), together with any certificates of special study, should be forwarded to the Secretary to the High Commissioner, General Department, who will arrange for the transmission of copies of the documents to the Director General, Indian Medical Service Officers may also be called upon to report themselves in person to the Medical Adviser to the Secretary of State, on the conclusion of their course of study.

13 Study leave will count as service for promotion and pension but not for leave It will not affect any leave which may already be due to an officer, and will not be taken into account in reckoning the aggregate amount of leave taken by an officer towards the maximum period admissible under Rule 81 of the Fundamental Rules

Regulations regarding the grant of study leave to officers of the Indian Medical Service (A) in temporary civil employ whose leave is regulated under military rules, (B) in military employ

The Indian Medical Service Study Leave Rules for the time being in force under Fundamental Rule 84 apply to these officers with the following modifications The numeration of paragraphs is that of the Rules under Fundamental Rule 84

2 The period of study leave will be calculated at the rate of one twelfth of pension service subject to the prescribed total

6 The total period of leave granted in the first instance (study leave combined with any other leave) will not exceed one year

7 "Under Secretary of State, Military Department, India Office," is substituted for "Secretary to the High Commissioner for India, General Department," wherever the expression occurs

8 Ditto In the case of officers in military employment the consent of the authorities in India will be necessary for the extension of leave, but not for the conversion of ordinary leave into study leave or for the issue of study leave allowance

9 An officer who is at home on combined leave may be permitted to commence a course of study before the end of his privilege leave and to draw for such period the study allowance admissible under Rule 10 without forfeiting his privilege leave allowances. For all purposes of record and subsequent calculation of leave the full amount of study leave taken shall in such cases be post dated as if it had commenced at the end of the privilege leave

11 The rate of pay admissible during study leave is the rate of leave pay admissible under the Military Leave Rules

12 "India Office" and "Under Secretary of State, Military Department, India Office" are substituted for "Office of the High Commissioner" and "*Secretary to High Commissioner, General Department.*"

APPENDIX IV-B.

B.—REGULATIONS GOVERNING THE GRANT OF STUDY LEAVE TO MILITARY ASSISTANT SURGEONS OF THE INDIAN MEDICAL DEPARTMENT.

[*The regulations apply to Military Assistant Surgeons in military employ The question of applying the regulations to Military assistant surgeons in civil employ will rest with the provincial Governments concerned*]

1 Study leave up to a total period of 12 months in an Assistant Surgeon's service is admissible It is granted on the recommendation of the Director General, Indian Medical Service

2 The period of such leave is calculated at the rate of one twelfth of pension service

3 (*a*) All applications for study leave from Assistant Surgeons in India must be submitted to the Director General, Indian Medical Service, for verification of the applicant's title to such leave and approval, through the prescribed channel The applications should contain as full particulars as possible concerning the course of study contemplated, names of institutions, commencement and termination of each course and any examinations proposed to be taken.

(*b*) Members of the Assistant Surgeon Branch of the Indian Medical Department who apply for long leave to the United Kingdom for the purpose of studying for English medical qualifications are required to sign an undertaking on a prescribed form to continue to serve after the termination of such leave for a minimum period of three years

(*c*) Assistant Surgeons of the Indian Medical Department who desire [illegible]

[illegible]

leave which is likely to be granted.

They should make no direct application to institutions in the United Kingdom, though any suggestions which they may desire to make in connection with their study leave will receive due consideration in the office of the High Commissioner

(*d*) Warrant officers of Asiatic domicile are granted free second class passages by transport to and from the United Kingdom, when proceeding on study leave, on one occasion during their service This concession is not admissible to the members of their families

4 *Approved programmes of study will be forwarded by the Director-General*, Indian Medical Service, to the Secretary, Military Department, India Office, or to the High Commissioner for India, as the case

may be. In any case in which it is not possible for the Director-General, Indian Medical Service, to give full details of the proposed course in the programme of study, he will instruct the Assistant Surgeon concerned to submit full particulars of the course to the Military Department, India Office or to the Secretary to the High Commissioner for India before he commences his study and before incurring any expense in connection therewith

5 On the completion of a course of study in the United Kingdom, a certificate on the proper form (which may be obtained from the India Office) together with any certificates of special study, should be forwarded to the Under Secretary of State, India Office, who [illegible]

[illegible]

concerned. No certificates of study qualifying for study leave will be accepted unless approval of the course of study has been previously obtained

Study allowance may be given at the discretion of the Government of India or the India Office for any period up to fourteen days at one time during which the Assistant Surgeon is prevented by sickness duly certified by a commissioned medical officer in India or by a medical practitioner in the United Kingdom, from pursuing the sanctioned course of study

6 Study leave allowance at the rate of 7 shillings 6 pence a day out of India and Rs 100 a month in India is admissible during the course of study and for the period of any examination held at the end of any course It is granted on production of the certificate required by rule 4, showing that a definite course of study at a recognised institution has been pursued The allowance is admissible up to 14 days for any period of vacation The period for which an Assistant Surgeon interrupts his course for his own convenience is not counted as vacation

The allowance is not admissible to an Assistant Surgeon while studying for an arts examination It is only admissible while he is undertaking study which is of a purely medical nature

7. When an assistant surgeon has been granted a definite period of study leave and finds after arrival in the United Kingdom that his course of study will fall short of the sanctioned period to any considerable extent, his absence from India will be reduced by the excess period of study leave unless he produces the assent of the authorities in India to his taking it as ordinary furlough

8 Study leave can be combined with any other kind of leave, provided the period admissible and occupied in study is not less than two months out of India or one month in India The study leave should be taken at such a time as to leave at its conclusion a balance of the previously sanctioned leave sufficient to cover the return journey to India.

9 The minimum period of study, which will render an Assistant Surgeon eligible for study leave, will be two months out of, or

one month in India The minimum period of leave granted solely as study leave will be six months out of and six weeks in India Time spent on the journey to, from and in India by an Assistant Surgeon whose study leave is not combined with any other kind of leave, will reckon as study leave but the allowance specified in rule 5, will be granted during the period of actual study of medical subjects and of the examination if any at its conclusion.

10 Assistant Surgeons on furlough in the United Kingdom who wish to have part of their furlough converted into study leave should address the Under Secretary of State, India Office, and should furnish a statement detailing the proposed course of study for previous approval If an extension of furlough is required the statement of the course of study proposed must be accompanied by documentary evidence of the approval of the authorities in India to the application for extension of furlough.

11 An Assistant Surgeon who is in the United Kingdom on combined leave may be permitted to commence a course of study before the end of his privilege leave and to draw for such period the allowance admissible under rule 5 without forfeiting his privilege leave allowances during such period

For all purposes of record and subsequent calculation of leave the full amount of study leave taken shall in such cases be post-dated as if it commenced at the end of the privilege leave

12 In the case of an Assistant Surgeon retiring from or resigning, the service without returning to duty or within one year of his return to duty, after a period of study leave the allowance authorised in rule 5 will be forfeited

13 The rates of pay admissible to Assistant Surgeons while on study leave will be as follows :—

Out of India	Pay as on general leave.
In India	Grade pay

14 An Assistant Surgeon on leave on medical certificate in the United Kingdom who wishes to undertake a course of study must first obtain a certificate from the Medical Board at the India Office that he is fit for study This certificate and a statement of the proposed course of study must be submitted to the Medical Adviser, India Office, for approval.

15 Study leave counts as service for promotion and pension but, except so far as it may be taken during privilege leave, it will not count for furlough or any other leave It will not affect any leave already due but the whole period of combined study leave will not exceed the maximum limit of two years admissible under regulations and any period exceeding this limit will be treated as leave without pay under paragraph 77 of these regulations.

APPENDIX V.

SPECIAL RULES GOVERNING FURLOUGH AND LEAVE AND APPLICATIONS FOR SUCH.

1 The rules governing leave of the personnel of the M M S are detailed in column 2 of the table to this Appendix

2 Applications will be submitted on the following forms —

Officers and members of the M N S	I A. F L-1170
Matrons family hospitals	Manuscript.
Assistant Surgeons I M D	I A F L-1171
Sub Asstt Surgeons I M D . .	I A F (Medl.) 15

3 When a ' statement from the controller of military accounts is necessary on a leave application the application is to be submitted through the C M A concerned

4 Appplications of officers and lady nurses for combined leave which includes a period of privilege leave exceeding 60 days and

..

authorities who sanction the grant of leave

6 Leave for officers of the medical services is governed by the following rules —

British Service—Administrative officers of the British Service and officers of the R A. M C holding the appointments noted on the margin—The Staff Leave Rules in para 892 Regulations for the Army in India They may however if more advantageous to them be granted leave on medical certificate under para 902 *ibid* but such leave will be in diminution of any leave due on private affairs provided the latter has not already been taken Officers of the British Medical Service of the ranks of Major General and Colonel will not be required to vacate their appointments on the expiry of eight months' leave on medical certificate as ruled in para 892 *ibid* for other staff and administrative appointments

1 D M S in India
2 D D M S Commands and A H Q
3 A Ds M S Distt Brigade and A H Q
4 Directors in Medical Directorate
5 D A Ds M S
6 A Ds of H and P
7 D A Ds of H

Other executive officers of the Royal Army Medical Corps and officers of the Army Dental Corps —The rules for the British Service in India, para 875 *et seq* Regulations for the Army in India.

Indian Medical Service.—Administrative officers of the Indian Medical Service and executive officers of the Indian Medical Service holding the appointments noted on the margin The staff Leave Rules in para 892 Regulations for the Army in India

Other executive officers of the Indian Medical Service.—The rules for the Indian Army, para. 875 *et seq* Regulations for the Army in India

Table showing the rules under which leave is granted and the sanctioning authorities for leave for various classes

Application from	Leave rules	Authority for sanctioning leave *ex*-India	Authority for sanctioning leave in India	Authority for sanctioning privilege leave (or full pay leave for Sub Assistant Surgeons) in or *ex* India
R A M C Officers and A D Corps o B rs	As for British service	District or Independent Brigade Commander with concurrence of A G in India	District or Independent Brigade Commander with concurrence of A G in India	District or Independent Brigade Commander (in the case of privilege leave *ex*-India Except Ceylon with concurrence of A G in India)
Q A I M N S	Ditto	Ditto	Ditto	Ditto
I M S Officers	Indian Army	District or Independent Brigade Commander with concurrence of A G in India and with concurrence of D G I M S in the case of study leave	Ditto	District or Independent Brigade Commander (in the case of privilege leave *ex* India with concurrence of A G in India)
I M S Officers of the Medical Store Department	Privilege leave under civil leave rules other leave under either civil leave rules or Indian army rules	D G I M S	D G I M S	D G I M S
I M D Assistant-Surgeons	As for officers and warrant officers of departments (L U L)	District or Independent Brigade Commander with the concurrence of A G in India and in the case of study leave with the concurrence of D G I M S	District or Independent Brigade Commander	District or Independent Brigade Commander
M D Sub Assistant-Surgeons	Special	District or Independent Brigade Commander with the concurrence of the Government of India	Ditto	District or Independent Brigade Commander (in the case of full pay leave *ex*-India) with the concurrence of Government of India

L M N S	Para 51 A of these Regs		District or Independent Brigade Commander	District or Independent Brigade Commander
Matrons family hospitals	Para 53 *of these Regs*		A D M S	
I H C except General Section	As for I O Rs		O C Company	
I H C General Section	As for regimental followers		Ditto	

Q A M N S I

Variety of leave	Para 6 Appendix II of this volume	Para 7 Appendix II of this volume	Para 8 Appendix II of this volume	Privilege leave *ex-India*	Privilege leave in India
Sanctioning authority	A G in India	District or Ind Bde Commander	A G in India	A G in India	District or Ind Bde Commander

NOTE.—Leave in India includes leave to Ceylon, Burma or Kashmir

APPENDIX VI.

SYNOPSIS OF LECTURES ON THE FIRST FIELD DRESSING AND ON HYGIENE FOR THE GUIDANCE OF OFFICERS IN MEDICAL CHARCE OF EFFECTIVE TROOPS

Lecture I

First Aid

1 *First Field Dressing*—Method of carrying; its value in protecting the wound from germs and in helping to arrest bleeding

Mode of packing to prevent entrance of air, dust and dirt, the dressing, when opened, not to be allowed to touch the g ound or be put in a soiled place

Mode of application of dressing to one or two wounds Practical illustrations of application

Dressing not to be applied until after arterial haemorrhage has been stopped

Bandage to be firmly but not too tightly applied, as evidenced by the finger when inserted under edge

Wound if possible not to be touched, as thereby the risk of infecting it is incurred

Infection of wounds, general remarks on the universal presence of germs in the air, in dust, hands, clothes, etc, and the advantages of surgical cleanliness

2 *First aid in Drowning*—Commence treatment at once Empty mouth of weeds, straw, etc, pull out tongue (with cloth) to open windpipe Artificial respirations 18 times a minute, and continue, in spite of its apparent uselessness, for half an hour, apply warmth and friction.

Lecture II

Hygiene, or the Maintenance of Health

1 *General*—Fighting efficiency of an army dependent on health; loss of man power from disease, the influence of disease on campaigns *in the past*, *hygiene a valuable means of keeping up man power and* thus providing re inforcements Vital importance of wide spread knowledge of principles of disease prevention.

2 *The human material of the army*—Only perfectly fit men recruited, otherwise stress of war would lead to breakdown. Men of certain standards necessary to carry out marches with full equipment Importance of physical training of the recruits

3 *Environment of the soldier in peace.*—Best conditions for maintaining good health required Barracks sited and built to give good light, sufficient space, free ventilation, and a good system of drains to carry away waste matters Institutes and married quarters necessary to provide for comfort and home life

4 *Environment on service*—Absence of amenities and exposure to climatic changes Risk of heat stroke, importance of texture, quantity, and disposal of clothing and equipment The march—proper regulation of speed halts and spacing in the ranks, water supply and food on the march, care of the feet Conditions arising from cold—trench foot and frost bite The ration on service—adequacy, to provide for energy expended, and care as to quality of supplies, vitamins essential, variety in cooking, service—hot boxes etc

5 *The dangers of parasites*—What parasites are—organisms living at expense of man's body Variety—germs worms insects, etc Importance of individual effort in preventing infection by any of these parasites, and consequent disability—"The preservation of health and the prevention of disease incumbent on every officer and soldier" (F S Regulations Vol II, Sec 51) How this is achieved—(*a*) The use of vaccines (inoculation) to increase man's resisting power to invasion by germs, (*b*) Cleanliness of the teeth, body, clothing and surroundings of every individual, (*c*) Immediate isolation of infected individuals in hospital, and disinfection of their quarters

LECTURE III

The Prevention of Disease

1 *Introduction*—Explanation of importance of knowing how and by what routes parasites get into man's body, this suggests most suitable means of prevention Most diseases fall into one of four main groups Need to consider risk of outbreaks at any time owing to possible presence of "carriers"

2 *Diseases spread by contact or overcrowding in dugouts etc*—Scabies infestation by lice, venereal disease, great wastage from these in war Prevention largely dependent on spacing out and personal cleanliness Bathing parades changes and laundering of clothes and blankets Mass disinfection in war by steam hot air etc

3 *Diseases spread by droplets in coughing etc*—The catarrhal and respiratory infections—outbreaks of influenza of cerebro-spinal fever etc Vital importance of *spacing out* and increasing head to head distance (difficulties on shipboard) and essential importance of free ventilation to carry off contaminated air Washing and sterilization of cups etc in messes and canteens.

4 *The excremental group of infections Cholera Typhoid, Dysentery Worm infections etc*—Success of sanitary measures in controlling for

the first time these ' killers in the Great War (Contrast with typhoid in South Africa) Routes of spread either (a) via faulty latrines to water sources or (b) via flies from badly proofed latrines to foodstuffs or (c) carriers handling foodstuffs or beverages

Prevention therefore dependent on attention to (a) latrines—siting and proofing from flies (b) sterilization of water by filtration and use of bleaching powder, (c) protection of foodstuffs, (d) anti fly measures—disposal of refuse and manure so as to minimise further breeding and use of traps poisons etc to destroy adults, (e) care in selecting personnel for food and water duties

5 *Blood infections* transmitted by biting insects—relation of insects and empire Mosquitoes—malaria, the great cause of physical inefficiency in India yellow fever, dengue (Greece Panama) Lice—Typhus relapsing and trench fevers (Servia Poland the War in France, ... ica')
Fleas—p ... Pre
vention ... mos
quitoes—nets to protect individuals at night, special clothes head nets gauntlets etc. for men on duty, attention to human reservoirs of the disease, campaigns against breeding waters—drainage oiling, etc, destruction of adult mosquitoes in houses by trapping, swatting, fumigation, etc Other insects in comparable fashion

LECTURE IV

Venereal Diseases

Venereal Disease.—The serious nature of venereal diseases especially syphilis and gonorrhoea danger to individual to nation and to future offspring, as a cause of inefficiency, relationship between drinking and venereal incidence Necessity for efficiency in army

Short description of the venereal diseases emphasising effects on wife and offspring

Prevention—continence only certain one, value and use of preventive packets Prophylactic Treatment Rooms and abortive treatment necessity for reporting sick at once and regular attendance *Esprit de corps* its value value of games competitions and plenty of work

APPENDIX VII

SYLLABUS OF LECTURES FOR THE INDIAN HOSPITAL CORPS (NURSING SECTION)

1 Moral qualifications required in a nursing orderly obedience, sobriety truthfulness patience etc

Cleanliness and ventilation of wards and annexes floors lockers, beds cupboards etc

2 Bedmaking how to make a bed to receive a patient on admission undressing bathing and care of helpless patients

3 Bedmaking continued changing of sheets use of drawsheet, macintosh air pillows airbeds etc making of special beds fracture, operation etc

4 Moving and lifting of helpless patients care of back prevention of bedsores cleaning mouths etc

5 Observation of sick what to observe and report such as rashes, spots pain vomiting haemorrhage etc

Observation of stools and urine

6 Use of thermometer and of measure glass taking of pulse and respiration administration of feeds care and cleanliness of utensils, ice box and food receptacles

7 Baths hot and cold sponging cold packs ice bags medicated baths bath temperatures etc

8 Enemata Simple glycerine oil turpentine starch and opium nutrient etc use of various syringes method of administration

9 Disinfectants and their uses —Disinfection of hands crockery linen excreta spittoons etc

10 Administration of medicines by mouth inhalations inunctions etc

11 & 12 Nursing of special diseases enteric dysentery cholera, diphtheria heart cases pneumonia bronchitis etc use of bronchitis kettle making of poultices etc

13 Surgical nursing Different kinds of fractures and nursing of same application of fomentations dressings etc

14 Bandaging use of cradles extension sand bags etc

15 Preparation of patient for operation instruments in common use

16 Nursing of abdominal cases after operation

17 Antiseptic and aseptic treatments sterilizing of instruments lotions in common use

18 Practical demonstrations in invalid cookery whey junket peptonised milk Benger's food bread and milk arrowroot albumen water egg flips mutton broth chicken tea etc

NOTE —Practical demonstrations in bandaging should be given at each surgical lecture

APPENDIX VIII.

TRAINING OF SICK NURSES AND MIDWIVES

A limited number of wives and widows of warrant officers and soldiers (departmental, regimental and pensioned) may be sent to the civil hospitals at Calcutta Madras, Bombay, or Poona for training as sick nurses and midwives The names of candidates, who fulfil and agree to the conditions noted on the attached form, will be submitted on a manuscript copy of it by the O C corps or local head of department to the district or independent brigade commander for his orders and disposal

Applications of approved candidates will be disposed of as follows —

From Peshawar, Rawalpindi, Kohat, Lahore, Meerut, Lucknow and Presidency and Assam districts, to the Principal, Medical College Calcutta

From Baluchistan, Mhow and Bombay districts and Sind and Poona independent brigade areas to the Senior Medical Officer, J J Hospital Bombay, or Superintendent, Medical School, Poona.

From Madras and Burma districts to the Principal, Medical College Madras

NOTE —Candidates desirous of being sent to a particular institution instead of to the one allotted to the district may be allowed to do so provided they defray any extra expense involved

Roll of a candidate for training as pupil nurse or midwife.

Name————————of————————————
wife / widow (Rank name and corps or department)

Age————————
(Must be under 35 years)

Character ————————————————

General intelligence————————————

Can she read and write sufficiently well to carry out written instructions, and to take notes? } ————————

When is she likely to leave the district ?————————

Physical fitness for the course (Must not be pregnant.) } ———————— M O

The candidate (and her husband) understand and consent to the following conditions —

(a) That in order to obtain a certificate of proficiency she will have to undergo training for about one year, and that her husband and children cannot accompany her

(b) She must provide her own sheets pillows, pillow cases, towels blankets and wearing apparel which must include the following —

White drill skirts two inches off the ground

White shirt blouses, made plain with detachable collars.

Aprons with bibs and straps and pockets

Plain stand up collar

Black stockings

Black shoes

Scarlet waist belt

(c) She must conform to the rules and discipline of the training institution

(d) In the event of her resigning before obtaining a certificate the amount paid by government on her account will be refunded.

(e) Her services may be dispensed with (without penalty) for inaptitude for work or for misconduct

(O C or local head of Department)

Station————Date————

Signature of candidate

APPENDIX IX.

DISPOSAL OF CASES OF VENEREAL DISEASE AMONGST TIME EXPIRED BRITISH TROOPS.

Soldiers suffering from venereal disease when due for discharge from the service or transfer to the Army Reserve will be evacuated to [illegible]

season.

The procedure detailed in this Appendix will also apply to soldiers who, although suffering from venereal disease, are sent to the U.K. for any reason other than discharge from the service or transfer to the Army Reserve.

2 For the purpose of embarkation such cases are sub-divided into two categories, *viz*,—

I. Active, *i e*, patients in hospital.

II. Non active, *i e* —

(*a*) Men attending hospital.

(*b*) Those men still on the syphilis register

(*c*) Those under observation.

I *Active* —In order to ensure the protection of other troops and the proper supervision and treatment of the cases themselves, men coming under category I will be sent home as "sick transfers" [illegible]

board ship.

Army Headquarters will then make the necessary adjustment of hospital accommodation on that vessel or if time permits transfer the man to a later sailing if more desirable and will re allot the vacancy caused in troopdeck bulk allotment. These cases will be transferred to [illegible]

U.K. with their drafts and no special arrangements will be made for their segregation either *en route* to, or on board ship. Such

cases being non infective do not come under the provisions of para 179, Voyage Regulations

3 *Os C B M Hs* will ensure—

(i) that the men in category I who are being evacuated as "sick transfers" are accompanied to the port of embarkation by an attendant

(ii) that in all cases adequate medical supervision and sufficient dressings are provided for the train journey to the port of embarkation

(iii) that if, owing to any circumstances, the patient should be unfit to travel, the D M S in India is immediately informed by telegram the telegram being repeated to the Q M G in India, and to the Embarkation Commandant concerned

4 *Documents* —Category I—Active—Nominal rolls will be prepared by the O C B M H in triplicate for all cases and will be disposed of as follows —

(1) One copy will be forwarded to the D A D M S (D & E) so as to reach him *seven clear days* before the date of embarkation This copy is for the information of the S M O Hired Transport

(2) One copy will be given to the Officer Commanding invaliding escort

(3) The third copy will be retained as a hospital record

The medical and regimental documents of these active cases will be disposed of in the same way as those of invalids (as laid down in India Army Orders)

Category II *non a tive*—Nominal rolls will be prepared and disposed of in the same manner as those of men coming under category I, except that in this case a copy of the nominal roll will be given to the Draft Conducting Officer instead of to the Officer Commanding invaliding escort

I A F M 1263 or M 1264 will accompany such cases and will be handed over by the Draft Conducting Officer to the D A D M S (D & E) who will pass them to the S M O of the Hired Transport Other medical documents will be sent to the unit (the O C unit must call for them if necessary) before the man is despatched.

5 *Duplicate Case Cards* (*I A F M 1263*) of all cases of syphilis will be completed and forwarded to the D M S in India

6 The object of the above procedure is to ensure that every man transferred to the United Kingdom for service reasons (i e, other than invaliding) who is suffering from V D shall be kept under continuous medical observation (and treatment when necessary), and that all such men shall come under the notice of the authorities in the U K who are concerned with carrying out discharges and transfers to the Army Reserve

This will enable arrangements to be made for continuous treatment after discharge or transfer to the Reserve, in accordance with Regulations for the Medical Services of the Army, para. 464, and will prevent infected men being passed unobserved into civil life

APPENDIX X.

VENEREAL DISEASE.

DIAGNOSIS; REPORTS AND RETURNS; DISPOSAL OF VENEREAL CASE CARDS.

1. *Diagnosis.*

In every case of venereal sore the exudate will be examined for spironema pallidum before any local antiseptic treatment is applied, and at the same time a specimen of the blood will be taken for a Wasser- [illegible]

Before a negative diagnosis of syphilis is made, all the following conditions must be satisfied :—

1. Three months must have elapsed from the date of appearance of the sore.
2. Scrapings for spironema pallidum must have been negative on at least three different dates.
3. No clinical signs of syphilis must have been noted.
4. The Wassermann tests must have been consistently negative during the 3 months period.

Where there is any definite suspicion of the case being syphilitic, the Wassermann test will be performed at weekly intervals; where there is no definite suspicion of syphilis, the Wassermann tests will be carried out at monthly intervals. It must be clearly understood that the Wassermann reaction is generally negative during the first three, four, or even six weeks after infection.

2 *Reports and Returns.*

The A.D M.S. will compile a *consolidated monthly statement* showing admissions for V.D. by units (British and Indian) in his district or brigade area. This information will be extracted from Table VII of A.F. A-31. A copy of the statement will be forwarded to the Dermatological Specialist of the district who will return it to the A.D M.S. with his remarks or recommendations and report of any action taken.

Quarterly Venereal Disease Report.—This report will be compiled in triplicate by the A.D.M.S. District or Independent Brigade Area from Table VII of A.F. A-31. The remarks of the District or Independent [illegible]

3 *Surveillance of Venereal Cases*

A F I 1239 (Modified for India).—Whenever a case of venereal disease (men on the syphilis register, cases of N Y D sores Gonorrhœa cases attending for inspection etc), is transferred from one station to another A F I 1239 (Modified for India) will be made out in duplicate by the O C hospital in the station from which the case is transferred.

One copy will be forwarded to the O C station hospital concerned [illegible] tion.

N Y D cases.—When a case is transferred from one station to another ' not yet diagnosed, ' and a diagnosis is ultimately made, this diagnosis must be communicated, to the hospital from which the case was received.

4 *Venereal Case Cards*

Venereal Case Card—A F I 1247 (Modified for India).—For *syphilis* cases this form will be made out in duplicate If a case is transferred from his station during his period of treatment or observation the two copies will be forwarded under confidential cover to the O C the hospital under whose care he will come.

When treatment has been completed and he is no longer required to attend for observation the original card will be placed with the man s medical history sheet and the duplicate forwarded to the D M S in India

The date and cause of a soldier being struck off the syphilis register (i e, recovered transferred to the Reserve or discharged the Army) will be entered on the venereal case card in red ink If a relapse should occur at a later date and the venereal card is not available, information to that effect will be sent to the D M S in India, giving the name, number and unit together with the date on which the soldier was struck off the syphilis register A copy of the venereal case card will then be forwarded to the station in which the soldier is serving

For *soft chancre* cases A F I 1247 will be made out in original only If the case is transferred from his station during treatment or the subsequent period of observation the card will be forwarded in the same way as for cards of syphilis cases The card will be sent to the D M S in India three months after discharge from hospital.

Records of the attendances for inspection and the results of any examinations carried out after discharge from hospital will be entered on the cards.

For *gonorrhœa* cases A F I 1247 will be made out in original only and will be dealt with in the same way as cards of soft chancre cases.

5 *Syphilis Register*

Syphilis Register —In addition to the case cards, a syphilis register will be maintained in each station hospital

The following entries will be made —

1 Serial Number Letter " R " will be placed after the numeral against each case remaining on the register on the 1st January, *e g*, 1R, 2R, 3R, etc, etc, so that the highest *figure followed by " R ' will denote the number of cases*

transfers to a register

A fresh set of serial numbers commencing with the figure 1 will be taken into use at the commencement of each year

2. Unit

3. Squadron, battery or company

4 Army number

5 Rank and name

6 Date and station placed on register —

in present station,

in previous or first station

7 Place of infection

8 Type of infection and course, *e g*, Fresh, Re infection, Relapse, Congenital or Transfer Course, ' A ", etc

9 Stage of disease on being placed on register, *e g*, Early primary, Medium primary, Late primary, Secondary, Late secondary, etc, etc

10 Re admission to hospital.

11 Number of days in hospital

12 Date struck off local register

13 Disposal.

14 Date struck off register on final disposal

15 Number of days under treatment for the disease, *i e*, on the register

Entries in Medical History Sheets A F B 178 —The following entries will be made in red ink by the M Os concerned —

(*a*) Placed under treatment for syphilis at on

(*b*) Struck off attendance for treatment and observation for syphilis at on (dat) on (cause)

APPENDIX XI

LIST OF REPORTS AND RETURNS (MEDICAL) TO BE RENDERED BY OFFICERS COMMANDING, BRITISH AND INDIAN MILITARY HOSPITALS AND INDIAN HOSPITAL CORPS, COMPANIES.

NOTE 1.—Attention is directed to paragraph 7 5 Regs. for the Army in India regarding the method of framing telegrams.

NOTE 2.—The "Date of submission" is that on which the documents should be despatched by the officer responsible for its preparation, transmitting and receiving authorities should therefore allow a reasonable interval for it to reach them. Where a document sent through intermediate authorities is required to reach its destination by a fixed date such date is given in the column of remarks.

NOTE 3.—Returns etc. will not be sent through the officer commanding the station unless so stated.

NOTE 4.—Blank returns will not be rendered unless specially ordered. If a return which possibly may be blank is not received by the time it is due the collecting officer will assume that it is blank and act accordingly. Applications for the consideration of such returns submitted after the due date will not be entertained.

NOTE 5.—Individual reports, returns, etc., in this appendix should be referred to by their serial number only.

NOTE 6.—Other returns to be submitted as from an officer commanding unit will be found in I A F Z 2000.

Serial No.	Description of return.	Number of form	Date of submission	Submitted By	Submitted Through	Submitted To	Remarks
1	2	3	4	5	6	7	8
			DAILY				
1	Morning state of sick and report of health	A. F. A 27	(i) Daily (ii) When necessary	O. C. Military hospital Ditto		(i) A. D. M. S., O. C. Station (ii) O. C. Unit, Chaplain	
2	Daily report of the orderly assistant or sub-assistant surgeon	I. A. F. M 1200		Orderly assistant surgeon or sub-assistant surgeon	Assistant surgeon or Sub-Assistant surgeon in sub-charge of hospital.	O. C. Military Hospital	

Serial No.	Description of return	Number of form	Date of submission.	SUBMITTED By	SUBMITTED Through	SUBMITTED To	REMARKS
1	2	3	4	5	6	7	8
			WEEKLY				
3	Nominal roll of lady nurses on the strength of the British military Indian hospital	I A F (Medl) 21	Saturday night	Matron		Chief Principal Matron A H Q	
			MONTHLY				
4	Nominal roll of officers of the British Service on the strength (R. A M C. and A D Corps)	A F B 168	1st	A D M S		Secy War Office D M S D D M S	
5	Return of lady nurses and matrons military family hospitals.	I A F M 1101 C.	1st	Matron Military Family Hospital		D M S D D M S A D M S Lady Supdt. or Principal Matron of the Circle	
6	Return of members of Q A I M N S	I A F (Medl) 11	1st	A D M S		The Under Secy of State for War The War Office London S W 1	
7	Return of vaccines and sera in stock, (i) Hospital. (ii) District.	I A. F (Medl.) 20	(i) th (i) 15th	(i) C Military Hospital (ii) A. D M S		(i) A D M S (ii) D D M S (2 copies)	After perusal and check one copy of the consolidated district return will be forwarded by D D M S to D M S
8	Strength return of I. H C.	I. A. F (Medl) 9	1st	O C. Coy		D M S D D M S., A D M S	

9	Monthly summary of dental treatment	A F I 1034 (2 copies)	5th	Dental Surgeon		A D M S	The A D M S will forward one copy to the D D M S Command with any remarks he may wish to make (In Burma District only one copy will be sent to the A D M S)
10	Return of diets and extras received and issued in military hospitals	I A F S-1510 F	1st	O C B M H		C M A O i/c Supplies	To be accompanied by one copy of I A F M 1209
		I A F S-1519 O	1st	O C I M H		C M A O i/c Supplies.	To be accompanied by one copy of I A F M 1209 A
11	Summary of extras supplied daily to military hospitals.	I A F M 1210	1st	O C Military Hospital		C M A	
12	Monthly report on *anti-malarial measures*	D M S 44	5th	O i/c anti malarial measures	S M O	D M S D D M S thro A D M S	
13	Hospital stoppage rolls of officers and others dieted in military hospitals (irrespective of whether hospital stoppages have to be effected for them or not)	I A F A 55	Last day of the month	O C Mily Hospital	The O C the Unit or Formation to which the individual concerned belongs	Unit Accountant (original copy) C M A in whose pay that Unit or Formation is (Duplicate copy)	The roll should be prepared in triplicate separately for each company or squadron of a regiment and for each battery or company of artillery The triplicate copy should be retained by the O C the Hospital as an office record
14	Certificate of tinning oil and wicks and aerated water bottles broken	I A F M 1212	1st	O C Military Hospital		C M A	
15	Requisition for petty supplies	I A F Z-2091	1st	Do		O i/c. Supplies	

Serial No.	Description of return.	Number of form.	Date of submission	Submitted			Remarks.
				By	Through	To	
1	2	3	4	5	6	7	8
			MONTHLY contd				
16	Monthly return of sick and deaths in Military Hospitals.	A F A 31 (3 copies)	5th	O C Military Hospital	(i) Direct (ii) Direct (iii) Direct	(i) A D M S (ii) D D M S (iii) D M S	(a) Medical history sheets of deceased British troops to be forwarded to the Officer in charge records, thro O C unit concerned (b) Medical history sheets of deceased Indian troops will be forwarded to D M S in India with the return
17	Monthly return of sick regimental and departmental followers.	I A F M 1230 (a) 3 copies.	5th	O C Military Hospital	(i) Direct (ii) Direct (iii) Direct.	(i) A D M S (ii) D D M S (iii) D M S	*This will be posted along with* A F A-31 (*see* item 18)
18	Monthly return of sick British and Indian troops treated in barracks.	A F A 31 A	5th	*O C Military* Hospital	*(i) Direct* (ii) A D M S (iii) Direct	(i) A D M S (ii) D D M S (iii) D M S	*This will be posted* along with A F A 31 (*see* item 16) When no sick have been treated in barracks during the month a slip stating this fact will accompany A F A 31 a separate Nil return on A F A 31 A will not be rendered
19	List of hospital breakages.	I A F A 403	5th (immediately if the men chargeable are likely to leave India)	O C Military Hospital	A D M S (officer in charge Supplies in the case of hospital equipments)	C M A	

20	Monthly return of R A M C and A D Corps other ranks undergoing specialist training	P A M C Form 22	As early as possible after 1st of the month following that to which the form refers	O C Dett. R. A M C		D M S.		
			BI MONTHLY					
21	Return of all administrative and executive officers I M S	I A F M 1100-B	1st January March, May July September November	A D M S		D M S D D M S C M A		
22	Return of Military assistant surgeons I M D	I A F M 1101 A	Do	Do		Do		A copy is rendered by the O C unit to the A D M S
23	Return of Military sub-assistant surgeons I M D	I A F M 1101 B	Do	Do		Do		Ditto
			QUARTERLY					
24	Requisition for hospital supplies, British and Indian	I A F Z-2091	1st January April July and October	O C Military Hospital		O i/c Supplies		
2	Quarterly venereal report	I A F (Medl) (2 copies)	15th January April July and October	A D M S	D D M S	D M S		The A D M S will obtain the remarks of the district or independent Brigade Commander before submission to the D D M S After having obtained the remarks of the G O C in C. Command D D M S will forward one copy to the D M S in India
26	Report on the physical state of unit	D M S 40	3rd January April July and October	Officer in medical charge of unit		O C. Military Hospital		

Serial No.	Description of return.	Number of form	Date of submission	Submitted By	Submitted Through	Submitted To	Remarks
1	2	3	4	5	6	7	8
			HALF YEARLY				
27	Return of preventive inoculations and vaccinations.	(a) I A F M 1225 (Station return) British troops, 1 copy Indian troops 1 copy, Followers 1 copy	10th July 10th January	O C Military Hospital		A D M S	
		(b) I A F M 1225 (District return) British troops 3 copies Indian troops 2 copies, Followers 2 copies.	20th July 20th January	A D M S		D D M S	After scrutiny and check one copy of the District return will be forwarded by the D D M S to D M S in India not later than 31st July and 31st January, along with a note of any action taken
28	Return showing the physical state of units.	D M S 41	(i) 10th January 10th July.	(i) O C Military Hospital	Direct	A. D M S. .	The District return will be a summary of the returns submitted by hospitals and will give complete information by units. The hospital returns will not be submitted to the D M S in India
			(ii) By last day of January and July	(ii) A D M S	D D M S	D M S.	

29	Half yearly summary of dental treatment.	A. F I 5034 (2 copies)	7th January *7th July*	Dental Surgeon	A D M S, D D M S	D M S	When forwarding these reports the D D M S and the A Ds M, S concerned will attach their remarks
30	Inspection report on equipment of field medical units	I A F 1 1144	1st April and October	D A D M S (Mob) or A D M. S	Usual channel	D M S	*One of these inspections* should be made personally by the A D M S district the other inspection will be made by the D A. D M. S (Mob)
			YEARLY				
31	R A M C Officers (a) Application to charge places on Indian roster of service (b) Application to extend service in India (c) Application to alter date of going *home during* trooping season. (d) Application for transfer to an *other* district command and for command and military *hospitals at dis*trict headquarters and at certain hill stations	M- (a) accompanied by documents required by King's Regulations (b) with medical certificate on I A F M 1238	(b) and (d) on 1st July (a) and (c) as required	Applicant	Usual channel	D M S	

Serial No.	Description of return.	Number of form	Date of submission.	Submitted By	Submitted Through	Submitted To	Remarks
1	2	3	4	5	6	7	8
			YEARLY—contd				
32	I M S Officers—Application for transfer to another command	M9	1st July	Applicant	Usual channel	D M S	
33	Annual confidential reports I M D	I A F I 1122 A	1st January	Officer under whom serving	Do	D M S	For transmission to D G I M S
34	[illegible] as to record of service I M D	I A F I 11[illegible] B	1st January	Officer under whom serving	Do	D M S	For transmission to D G I M S
35	Confidential report, Lady Superintendent A M N S I	I A F I 1101 (2 copies)	1st January	D D M S		D M S	
36	Confidential report Senior Nursing Sisters A M N S I	I A F I 1101 (2 copies)	1st January	O C B M H	Lady Supdt. and A D M S	D M S	One copy will be sent by D M S to the Govt of India Army Department for transmission to S of S for India and should be despatched so as to reach India Office by 1st July
37	Confidential report Nursing Sister A M N S I	Do	1st January	Senior nursing sister	O C B M H Lady Supdt A D M S	D M S	
38	Confidential report I M N S	I A F (Med) 3	1st January	Matron	O C Hospital A D M S Lady Supdt	D M S	
39	M N S—Application for transfer to another district	M9	As required	Applicant	Usual channel	D M S	
40	Confidential report Matron and Sister in charge Q A I M N S	A F C [illegible] (2 copies)	1st January	O C B M H	A D M S Principal Matron D D M S G O C in C	D M S	

41	Confidential report Sister and Staff Nurse Q A I M N S	A F C-339 A (2 copies)	1st January	Matron	O C B M H, A D M S, Principal Matron D D M S	D M S	
42	I M D— Application for transfer to another command Burma District	MS	1st August	Applicant	Usual channel	D M S	
43	Annual return of sick and wounded Indian troops	A F A 32 (2 copies)	10th January	O C Indian military hospital	(i) Direct (ii) A D M S	(i) D M S (ii) D D M S	*See item 45*
44	Annual report of Medical Transactions British and *Indian troops*	Special Form	10th January	O C military hospital	A D M S and D D M S	D M S	In forwarding these transactions A D M S will render a *brief* general report on the equipment, accommodation organisation *and general working of the hospitals* in their districts
45	Annual return of sick, departmental and regimental followers	I A F M 1730 *(a) (2 copies)*	10th January	O C military hospital	(i) Direct (ii) A D M S	(i) D M S (ii) D D M S	
46	Annual report of the A D H and P of a Command	Special Form	To reach A H Q by last day of March	A D H and P Command	D D M S	D M S	
47	Annual report of the D A D H of a District	Special Form	To reach Command Headquarters by last day of February	D A D H	A D M S D D M S	D M S	In the case of an independent district the report will be forwarded to reach A H Q *by last day of February*
48	Annual report of the D A D P of a District	Special Form	To reach Command Headquarters by last day of February and A H Q by 31st March	D A D P	A D M S D D M S	D M S	The annual report of a D A D P of an independent district will be forwarded so as to reach A H Q by last day of February

Serial No.	Description of return.	Number of form	Date of submission	Submitted			Remarks.
				By	Through	To	
1	2	3	4	5	6	7	8
			YEARLY—concld				
49	Surgical and X ray equipment ledgers.	I A F M 1224	1st April 1st October	(1) A D M S (2) O C B M H (3) D A D M S (Mob) (4) D A D P (5) O i/c Bde Laboratory (6) O C I M H		C M A Do	In the case of temporary military hospitals in the hills the ledger will be submitted as soon as the hospital is closed
50	Return of ordnance stores in use in military hospitals.	I A F O-1445	1st April	O C Military Hospital		Do	With vouchers
51	Stock and test verification statement of medical store depôts.	Special Form	As soon as possible after 1st April	O i/c Medical Store Depôt		Do	
52	Annual Indent for medicines medical and surgical stores etc	I A F M 1210	As detailed on the form	O C Military Hospital	A. D M S	O i/c Medical Store Depôt.	
53	Additions to record of service, I M S Officers.	I A F Z-2042	1st January	All I M S Officers	Usual channel	D M S	For transmission to D G I M S
54	Additions to record of service Q A M N S I and I M N S	I A F Z-2042	1st January	Lady Nurses, Q A M N S I and I M N S	Do	Do	

			OCCASIONALLY				
55	Return of sick of troops in camp on manoeuvres or on the line of march (whose strength is not shown in an A F A 31 of any hospital)	I A F M 1235 (3 copies)	On termination of the period but when the period overlaps two months a separate return will be rendered in respect of the portion of each month affected	Officer in medical charge		(i) D M S (ii) D D M S (iii) A D M S	Medical Case Sheets of fatal cases will be sent to the A D M S of the District in which the casualty occurs for submission to the Director of Medical Services in India through the usual channels
56	Medical case sheet	A F I 1237	On fatal termination of case	O C Military hospital	A D M S and D D M S	D M S	To be returned to O C Hospital and kept until completion of annual return when it will again be sent to D M S
57	Return of sick on board ship (1) Voyages under the War Office (2 files)	(1 A F B-182 with War Office forms	On completion of voyages	S M O on board	Embkn Comdt	(i) War Office (ii) D M S	Medical history sheets of deceased men to be forwarded to the Officer in charge of records through the O C the unit concerned
	(2) Voyages under A H Q.	(2) A F B-182 (modified for India) (2 copies)	Do	Do	(i) direct (ii) Embkn. Comdt	(i) Embkn Comdt. (ii) D M S	
58	Health certificate for officers other ranks families and civilians embarking in govt. vessels or hired transports.	I A F M 1240	See remarks	Officer in Medical charge	O C Unit	Embarkation Commandant or the Commandant Rest Camp Deolali	(1) Immediately before departure from the original station (2) On leaving a station at which rail is taken when part of the journey has been performed by route march (3) From each halting place or rest camps en route at which a halt of more than 72 hours has been made

Serial No.	Description of return.	Number of form.	Date of submission.	SUBMITTED By	SUBMITTED Through	SUBMITTED To	REMARKS.
1	2	3	4	5	6	7	8
			OCCASIONALLY—contd				
59	Recommendation for grant of meritorious or long service medals to Indian soldiers serving with the I H. C.	I. A F Y 1031	When called for	O C I H C Coy	Usual channel	D M S	
60	I M. S —Application for civil employ ment.	MS.	At any time	Applicant	Do	Do	For transmission to the D G I M S Employ ment desired and pro vince to be stated Any change of wishes *to be reported at once.*
61	I M D —Application to retire from the service and record of service.	I A F A 311 (2 copies) and I A. F A 312 (2 copies).	To reach A H Q one month before retire ment is due.	Applicant	Usual channel	D M S	One copy for trans mission to D G., I M S., and one for trans mission to the C M. A These forms are also required in cases where Assistant Surgeons are invalided out of the service on the recom mendation of a medical board.
62	Certificate of admis*sion and disease* of an Indian soldier admitted to hos pital, while detached from his corps.	A B. 172	On occurrence	M O in charge of case.	..	O C. Unit.	

63	Reports of deaths of Military Medical personnel	..	..	..	..	..	*See* I A. F Z 2000.
64	Report of arrest or desertion result of court of enquiry or court martial I M D	Mss	On occurrence	O C Military Hospital	Usual channel	D M S	For transmission to D G, I M S
65	Assistant Surgeons Report of reprimand or severe reprimand with statement of offence	Mss	Do	O C	Do	Do	
66	Sub-Asstt Surgeons—Report of punishment with statement of offence	Mss	Do.	O C	Do	Do.	
67	Application to retire or resign						
	(i) R A M C officers	MS	When necessary	Applicant	Usual channel	War Office	*See* King's Regulations and Regs for the Army in India, paras 102—104, 123 Applications submitted by officers while on leave in the U K should be addressed to the Under Secy of State for India, India Office
	(ii) I M S officers in military employ	MS	Do	Do	Do	D M S	
	(iii) I M S officers in civil employ	MS	Do	Do	D G, I M S	Do	
	(iv) M N S	MS	Do	Do.	Usual channel including C M A	Do.	
	(v) Military Asstt surgeons	MS	Do	Do	Usual channel	Do	
	(vi) Sub-Assistant surgeons	MS	Do	Do	Do	Do	

OCCASIONALLY—concld.

Serial No.	Description of return.	Number of form.	Date of submission.	Submitted By	Submitted Through.	Submitted To	Remarks
1	2	3	4	5	6	7	8
68	Reports for handling over charge of hospitals.	I A F Z 2051	On occurrence	O C Military Hospital		A D M S	
69	*Notification of Infectious Diseases* occurring amongst troops, families and followers.	A. F A 35					
	Group A— Cholera	(2 copies)	On occurrence	O C., Military *Hospital.*		(i) A D M S (ii) D D M.S	Will also be reported by telegram to A D M.S repeated to D D M S D M S and Director of Public Health of the province.
	Group B— Acute Poliomyelitis, Anthrax, Cerebro-spinal fever, *Encephalitis Lethargica*, Epidemic Influenza, Epidemic pneumonia, Plague, Relapsing fever, Small pox, Typhus	(4 copies)	Do	Do		(i) A D M.S (ii) D D M.S (iii) D M.S (iv) Director of Public Health of the province	
	Group C— Chicken pox, Diphtheria						

	Dysentery Enteric group of diseases Measles (unless the A D M S directs otherwise) Scarlet Fever	(2 copies)	Do.	Do		(i) A D M S (ii) D D M S	
0	Report of medical inspection of units or drafts in India	I A F M 1194 (3 copies)	See remarks	O C Military Hospital	Direct	(1) D M S (2) D D M S (3) A D M S	This report will not be submitted by the O C B M H until all necessary steps (such as calling for special [illegible] reports, etc) have been taken to ensure that the classifications are correct and final
71	Report of serious illness of a patient in hospital	A [illegible] A 91 A (2 copies)	When necessary	O C Military Hospital	Direct	(1) O C Unit, (2) Chaplain	
2	Special report on a case of fever of the Enteric group	A F I 20 6	On completion of case	Do	Usual channel	D M S	
	Nominal roll of R A M C and I M S [illegible] Assistant and Sub Assistant Surgeons recommended to attend the X Ray Course of Instruction Dehra Dun	MS	15th July 1 [illegible] December	Do	Do	Do	
74	Discharge certificate of Assistant and Sub Assistant Surgeons of the I M D	I A F (M [illegible] 1	On discharge from the service	O C	Do	Do	For completion by the D G I M S and transmission to the individual concerned
7	Supplementary and contingent indent on the Medical Store Depot	I A F (Med) [illegible]	When necessary	O C Military Hospital	A D M S	O i/c Medical Store Depot	

APPENDIX XII.

LIST OF ARMY FORMS, ARMY BOOKS AND INDIA ARMY FORMS USED BY THE MILITARY MEDICAL SERVICES IN INDIA.

N.B.—Forms not exclusively medical which are issued to British and Indian military hospitals and I.H.C. companies are shown in Part II of this list.

I.—FORMS USED EXCLUSIVELY BY THE MILITARY MEDICAL SERVICES

No. of form.	Description of form.	British Military Hospitals							Indian Military Hospitals							Remarks
		Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
[illegible] A-1 A	Report of serious illness of a patient in hospital	As required														
[illegible] A-[illegible]	Morning state of sick and report of [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	3,000	[illegible]	4,000	[illegible]	2,000	[illegible]	[illegible]	3,000	[illegible]	4,000	
[illegible] A-31	Monthly return of sick and deaths in military hospitals	As required														
[illegible] A-31 A	Monthly return of sick British and Indian troops treated in barracks.	[illegible]	60	[illegible]	60	60	60	60	60	[illegible]	[illegible]	60	[illegible]	[illegible]	60	

A F A 32	Annual return of sick and wounded Indian troops.				••		•	••	4	4	4	4	4	4	4	
A F A 34	Daily state of sick and wounded															Issued on the scale laid down in "Table of Books Forms and Stationery"
A F A 35	Notification of infectious diseases							As required								
A F A 36	Hospital nominal roll of admissions and discharges															Ditto
A F A 45	Proceedings of a medical board (Officers and Nurses)	6	9	1[illegible]	4	[illegible]	6	42	6	9	1[illegible]	[illegible]4	30	36	4[illegible]	
A F A [illegible] A	Proceedings of a medical board on all cases of wounds and injuries whether received in action or not							As required								
A F B-117	Reports on wounds and injuries							As required								
A F B-1[illegible]	Nominal roll of officers of the Indian Service on the strength (R A M C and A D Corps)							As required								Issued also to A Ds M S
A F B-179	Medical report on a soldier							As required								
A F B-181	Clinical chart	2[illegible]0	300	500	100	1 [illegible]00	1 [illegible]00	1 [illegible]00	200	300	500	900	1 200	1 500	1 700	

No. of form.	Description of form	British Military Hospitals							Indian Military Hospitals.							Remarks
		Under 25 beds	25-49 beds.	50-99 beds.	100-149 beds	150-199 beds.	200-299 beds	300 and over	Under 25 beds.	25-49 beds.	50-99 beds	100-149 beds.	150-199 beds.	200-299 beds.	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A. F. B-182	Return of sick on board ship (for voyages under A. H. Q.)															Supplied to A. Ds. M. S. and S. M. Os. at sea ports for issue as required.
A. F. B-183	Detailed information on a case of mental disability (British troops)	5	10	15	20	25	30	35								
A. F. B-3977	Notification to the O. C. unit that a British other rank is about to be brought before an invaliding board.			As required												
A. F. C-339 .	*Annual confidential* report Matron and Sister in charge, Q. A. I. M. N. S.		..			..										Issued to A. D. M. S. for supply to Military hospital as required
A. F. C-339-A .	*Annual confidential* report, Sister and Staff Nurse Sister and Staff Nurse, Q. A. I. M. N. S.		..			.										

A F D-487	Notice to the National Health Insurance Navy and Army Fund of the impending discharge of a soldier	As required							..							
A F I 1220	Hospital Record Card British Troops	As required														
A F I 1220(a)	*Hospital Record Card, Indian Troops*								As required							
A F I 1224	Inspection report of ambulance class	4	4	8	12	16	20	24	4	4	8	12	16	20	24	
A F I 1225	Report of work done in laboratories															Supplied to A Ds H & I Officers in Charge Command Dist and Bde Laboratories and Interim Laboratory Kasauli, by the D M S *in India*
A F I 1237	Medical case sheet	300	600	1 200	1 500	2 000	2 500	3 000	300	600	1 000	1 500	2 000	2 500	3 000	
A F I 1239	Return of a soldier under medical surveillance for venereal disease	100	200	400	600	800	1 200	1 600								
A F I 1242	Instructions for patients suffering from syphilis	10	20	30	40	45	75	90								
A F I 1243	Instructions for patients suffering from gonorrhoea	20	40	50	60	80	140	150								

No. of form.	Description of form	British Military Hospitals. Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	Indian Military Hospitals. Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds.	200-299 beds	300 and over	Remarks.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A. F. I 1247 (Modified for India).	Venereal Case C	As required														
A. F. I 3 6	Special report on a case of fever of the typhoid group	10	10	10	1	20	0	20	10	10	10	10	0	0	20	
A. F. I 5	Dental treatment form	As required														1,000 copies annually for each Army Dental Surgeon
A. F. I 033	Dental treatment card															
A. F. I 034	Monthly and half yearly summary of Dental treatment															175 copies annually for each Army Dental Surgeon
A. F. O-1707	Death certificate of pensioner or Army Reserve man.	2	4	4	6	6	8	8								
A. F. W 3118	Field medical card															Issued on the scale laid down in Table of Books Forms and Stationery
A. F. W-3118 A	Envelope for A. F. W 3118 (Field Medical card)															

	Army Books															
A B 27	Hospital admission and discharge book							As required								
A B 27 A	Field service hospital admission and discharge book															Issued on the scale laid down in Table of Books Forms and Stationery
A B 28	Vaccination register men women and children	1	1	1	1	2	2	2	1	2	2	3	4	6	6	
A B 38	Patients requisition book	5	10	15	20	25	30	35								
A B 39	Blank register for use as field service hospital diary prescription book or ward book															Issued on the scale laid down in Table of Books Forms and Stationery
A B 46	Medical register of recruits	1	1	1	1	1	1	1	1	1	2	3	4	6	5	
A B 1 2	Medical transfer certificate book	1	1	1	1	2	2	2	1	1	2	3	4	6	8	
B 468	Dental appliance book															2 annually for each Army Dental Surgeon
B 469	Dental treatment book															

No. of form	Description of form.	British Military Hospitals.							Indian Military Hospitals							Remarks
		Under 25 beds	25-49 beds	50-99 beds.	100-149 beds	150-199 beds	200 299 beds.	300 and over	Under 25 beds	25 49 beds	50-99 beds	100-149 beds	150-199 beds.	200-299 beds	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A. F. I. 1217 (Modified for India).	Venereal Case C	As required														
A. F. I. 3 6	Special report on a case of fever of the Enteric Group	10	10	10	1	20	0	20	10	10	10	10	0	0	20	
A. F. I. 5	Dental treatment form	As required														1,000 copies annually for each Army Dental Surgeon
A. F. I. 033	Dental treatment card															
A. F. I. 34	Monthly and half yearly summary of Dental treatment.															175 copies annually for each Army Dental Surgeon
A. F. O. 1707	Death certificate of a pensioner or Army Reserve man.	2	4	4	6	6	8	8								
A. F. W 3118	Field medical card															Issued on the scale laid down in Table of Books Forms and Stationery
A. F. W 3118 A	Envelope for A. F. W 3118 (Field Medl card).															

I A F (Medl) No 7	Quarterly venereal report.			—	—						—					Issued to A Ds M S 20 copies annually
I A F (Medl) No 8	Medi al Certifi ate (Ci ilian estal l ne ts in mi l tary employ)															Issued as re q ired to Head q art rs Com ands D tr cts and Indepen l t I rigade Areas
I A F (Medl) No 9	Strength r turn cl I H C															Issued to I H C Coys 60 copies annually
I A F (Medl) No 10.	Card f r record f s rvice f I H C personn l															Issued to Os C I H C Coys as req ired
I A F (Medl.) No. 11	Montl ly return of members of Q A I M N S															Issued to A Ds M S 20 copies annually
I A F (Medl) No 13	Oto-Rhino-Laryngo-logical Form															Issued to Ear Nose and Throat Special ists Commands up to 1 000 copies a year for each special ist
I A F (Medl.) No 14	Statement of parti culars in support of claims to Nursing Corps as entered in the Pay List of the for the month of 193															Issued to Os C I H C. Coys as required.

No. of form	Description of form	British Military Hospitals.							Indian Military Hospitals.							Remarks
		Under 25 beds	25-49 beds.	50-99 beds.	100-149 beds.	150-199 beds	200-299 beds	300 and over	Under 25 beds	25-49 beds	50 99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	India Army Forms—contd															
I. A. F. (Medl.) No. 15.	Application for leave—Indian Officers and Warrant Officers of the Sub-Assistant Surgeon Branch of the Indian Medical Department.															Issued to Os. C. I. M. Hs on an "as required" scale.
I. A. F. (Medl.) No. 16.	Discharge slip							As required								
I. A. F. (Medl.) No. 17.	X Ray Forms															Issued to X Ray Specialists up to a maximum of 1,000 copies a year for each specialist
I. A. F. (Medl.) No. 18.	Notification of casualties (I. M. S. officers lady nurses and members of the I. M. D.).															Issued to A. Ds. M. S. for distribution to units as required

I A F (Medl.) No. 19	Discharge certificate of assistant and sub-assistant surgeons of the I M D			1		1	1	1	1		1	1	1	1		Issued to A Ds M S 10 copies annually for distribution to units as required 20 copies for D G I M S annually
I A F (Medl.) No 20	Monthly return of vaccines and sera							As required								
I A F (Medl.) No 21	Weekly nominal roll of lady nurses on the strength of the British / Indian Military hospitals															130 copies for each hospital where lady nurses are employed
I A F (Medl.) No. 22.	Record of detained patient.							As required								
I A F (Medl.) No 23	Confidential report I M N S															Issued to Os C I M Hs where nurses are employed 20 copies annually
I A F (Medl.) No. 24	Supplementary employment and payment indent on the Medical Store Department.							As required.								
I A F (Medl.) No 25.	Enrolment Form I H C															Issued to Os. C., I H C. Coys as required
I A F (Medl.) No 26	Form of travelling concession on the North Western Railway for members of the M N S															Issued to Os. C Hospitals and Embarkation Commandants as required

No. of form.	Description of form.	British Military Hospitals. Under 25 beds. 1	25-49 beds. 2	50-99 beds. 3	100-149 beds. 4	150-199 beds. 5	200-299 beds. 6	300 and over 7	Indian Military Hospitals. Under 25 beds 8	25-49 beds 9	50-99 beds. 10	100-149 beds 11	150-199 beds. 12	200-299 beds. 13	300 and over 14	Remarks. 15
	India Army Forms—contd.															
I. A. F. A-55	Hospital stoppage roll.							As required								
I. A. F. A-60	Work return of a medical store depôt.															Issued to medical store-keepers as required.
I. A. F. A-61	Monthly list of articles repaired and transferred to serviceable heading in the ledger (M. S. K. only).															
I. A. F. F-96	Inventory of kit, field medical units (books of 100)	„														Issued on the scale laid down in Table of Books Forms and Stationery
I. A. F. F-98	Packstore form, Indian medical units (books of 200).	„						„			„		„			To be indented for as required

I. A. F I 1121	Annual confidential report Q A. M. N S I	1	1	1		1	1	1	1	1			1	1	1	Issued to D Ds M. S, A Ds M S for supply to military hospitals as required
I A F I 1122 A	Annual confidential reports I M. D															
I A F I 1122-B.	Additions to record of service I M. D															
I A F I 1146	Half yearly inspection report on equipment of field medical units														1	Issued to D Ds M Sor A Ds M S, as required
I A F K 1168	Enrolment form non-combatants (Military medical pupils)															
I A F M 1190-B	Monthly return of all administrative and executive officers I M S															Issued to A Ds M S 60 copies annually
I A F M 1191 A	Monthly return of Military Assistant Surgeons I M D	20	20	20	20	20	20	20		1			1		1	Issued also to A Ds, M. S 40 copies annually and to other units in which Assistant Surgeons or S A Ss are employed 20 copies annually of the form applicable
I A F M 1191 B	Monthly return of Military Sub-Assistant Surgeons I M D								20	20	20	20	20	20	20	
I A F M 1191 C	Return of lady nurses and matrons of military family hospitals	80	80	80	80	80	80	80	80	80	80	80	80	80	80	This form will be indented for by those hospitals only in which lady nurses are employed.

No. of form	Description of form.	British Military Hospitals.							Indian Military Hospitals							Remarks
		Under 25 beds	25-49 beds	50-99 beds.	100-149 beds.	150-199 beds	200-299 beds.	300 and over	Under 25 beds	25-49 beds	50-99 beds.	100-149 beds	150 199 beds.	200-299 beds.	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Indian Army Forms—contd.															
I. A. F. M. 1193.	Record of service Medical certificates and declaration on appointment to I. M. D.															Issued to Principals of Medical Colleges as required
I. A. F. M. 1194.	Report of Medical inspection of new units and drafts arriving in India.			As required												To be indented for by those stations only which expect to receive new units or drafts during the following trooping season.
I. A. F. M. 1195.	English qualification certificate, S. A. S.	2	2	2	4	4	4	6	2	4	6	8	10	12	12	
I. A. F. M. 1196.	Casualty report, I. M. D.															Issued to A. Ds. M. S. *0 copies annually for issue to V units when required.

I. A. F. M.-1194	Security bond Indian Military Medical Pupils.														•	Issued to Principals of Medical Colleges and Schools and other medical officers as required
I. A. F. M. 1200	Daily report orderly Assistant Surgeons or Sub-Assistant Surgeon.	400	400	400	400	400	400	400	400	400	400	400	400	400	400	
I. A. F. M.-1201	Hospital rules	2	4	6	8	10	12	14	2	4	6	8	10	12	14	
I. A. F. M. 1202	Rules for attendants on insane British other ranks	1	1	2	2	4	4	6						•		
I. A. F. M. 1204	Diet sheet British and Indian troops and followers	400	800	1 600	2 000	2 800	5 000	6 000	400	800	1 600	2 000	2 800	5 000	6 000	
I. A. F. M. 1205	Daily ward requisition for diet and extras British troops.	800	1 600	3 000	5 000	6 000	8 000	10 000								
I. A. F. M. 1205 A.	Daily ward requisition for diets and extras Indian troops								800	1 600	3 000	5 000	6 000	8 000	10 000	
I. A. F. M. 1206	Daily hospital requisition for diet (and receipt) British troops	800	800	800	800	800	1 600	1 600								
I. A. F. M. 1207	Daily hospital requisition for extras (and receipt) British troops.	800	800	800	800	800	1 600	1 600								

No. of form.	Description of form.	British Military Hospitals. Under 25 beds. 1	25-49 beds. 2	50-99 beds. 3	100-149 beds. 4	150-199 beds. 5	200-299 beds. 6	300 and over. 7	Indian Military Hospitals. Under 25 beds. 8	25-49 beds. 9	50-99 beds. 10	100-149 beds. 11	150-199 beds. 12	200-299 beds. 13	300 and over. 14	Remarks. 15
	Indian Army Forms—contd.															
I. A. F. M. 1707 A.	Daily hospital requisition for extras (and receipts) Indian troops.								800	800	800	800	800	1 600	1 600	
I. A. F. M. 1708.	Special qualifications obtained or examinations passed by I. M. S. officers while on leave in the U. K.															Issued to Embarkation Commandants — Bombay 100 copies annually. Karachi 50 copies annually.
I. A. F. M. 1709.	Monthly summary of diets supplied daily British troops.	16	16	16	16	16	30	30								
I. A. F. M. 1709-A.	Monthly summary of diets supplied daily Indian troops.								16	16	16	16	6	.0	31	
I. A. F. M. 1710.	Monthly summary of extras supplied daily to military hospitals.	16	16	16	16	16	16	16								

I. A. F. 1211	M.-	Register of expenditure of medical comforts Indian military hospitals								4	4	4	4	4	4	4	
I. A. F. 1212	M	Monthly certificate of tinning oil and wicks and aerated water bottles broken	40	40	40	40	40	40	40	40	40	40	40	40	40	40	
I. A. F. 1215	M	Dental laboratory book															One annually to each Army Dental Surgeon
I. A. F. 1216	M	Annual indent for medicines medical and surgical stores etc	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
I. A. F. 1217	M	Ward prescription book	2	4	8	12	16	24	32	5	5	10	15	20	30	40	
I. A. F. 1218	M	Diet chart British troops	188	375	562	750	938	1,500	2,250								
I. A. F. 1223	M	Patient's receipt for hospital equipment (books of 100)	3	6	12	18	24	36	48	3	6	12	18	24	36	48	
I. A. F. 1224	M	Surgical and X Ray equipment ledger	3	3	3	3	3	3	6	3	3	3	3	4	4	4	
I. A. F. 1225	M	Half yearly return of inoculations and vaccinations	20	20	20	20	20	20	20	40	40	40	40	40	40	40	
I. A. F. 1226	M	Report of venereal disease contracted	20	60	80	120	140	200	[illegible]	10	20	30	40	50	60	70	
I. A. F. 1230-A	M	Monthly and annual return of sick, regimental and departmental followers.								60	60	60	60	60	60	60	

No. of form.	Description of form	British Military Hospitals.							Indian Military Hospitals.							Remarks
		Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Indian Army Forms—contd.															
I. A. F. M. 1297 A.	Daily hospital requisition for extras (and receipts) Indian troops.								800	800	800	800	800	1 600	1 600	
I. A. F. M. 1298.	Special qualifications obtained or examinations passed by I. M. S. officers while on leave in the U. K.															Issued to Embarkation Commandants — Bombay 100 copies annually Karachi 50 copies annually
I. A. F. M.-1300.	Monthly summary of diets supplied daily British troops.	16	16	16	16	16	30	30								
I. A. F. M. 1302-A	Monthly summary of diets supplied daily Indian troops.								16	16	16	16	6	30	30	
I. A. F. M.-1310.	Monthly summary of extras supplied daily to military hospitals.	16	16	16	16	16	16	16								

I. A. F. 1211	M.-	Register of expenditure of medical comforts Indian military hospitals								4	4	4	4	4	4	4	
I. A. F. 1212	M	Monthly certificate of tinning oil and wicks and aerated water bottles broken	40	40	40	40	40	40	40	40	40	40	40	40	40	40	
I. A. F. 1215	M	Dental laboratory book															One annually to each Army Dental Surgeon
I. A. F. 1216	M	Annual indent for medicines medical and surgical stores etc	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
I. A. F. 1217	M	Ward prescription book	2	4	8	12	16	24	32	5	5	10	15	20	30	40	
I. A. F. 1218	M	Diet chart British troops	188	375	562	750	938	1,500	2,250								
I. A. F. 1223	M	Patients receipt for hospital equipment (books of 100)	3	6	12	18	24	36	48	3	6	12	18	24	36	48	
I. A. F. 1224	M	Surgical and X Ray equipment ledger	3	3	3	3	3	3	6	3	3	3	3	4	4	4	
I. A. F. 1225	M	Half yearly return of inoculations and vaccinations	20	20	20	20	20	20	20	40	40	40	40	40	40	40	
I. A. F. 1226	M	Report of venereal disease contracted	20	60	80	120	140	200	2 0	10	20	30	40	50	60	70	
I. A. F. 1230-A	M.-	Monthly and annual return of sick, regimental and departmental followers.								60	60	60	60	60	60	60	

No. of form.	Description of form.	British Military Hospitals.							Indian Military Hospitals.							Remarks.
		Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-249 beds	300 and over	Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	India Army Forms—contd.															
I. A. F. M. 1223	Return of sick troops in camp, on manœuvres or on the line of march (whose strength is not shown in an A. F. A. 31 of any hospital).															Issued to D. D. M. S. or A. D. M. S. as required.
I. A. F. M. 1217	Instructions to officers proceeding in medical charge of troop trains.															Issued to Embarkation Commandants.—Bombay 300 copies annually. Karachi 100 copies annually.
I. A. F. M.-[illegible]	Health Certificate for Officers, other ranks, families and civilians embarking in Government vessels or hired transports.	16	23	32	40	45	55	66								

I A. F M.-1243	Proceedings of a Medical board on officers lady nurses and warrant officers	5	10	20	30	40	50	75	5	10	"0	30	(	0	75	
A F M. 1244	Lunacy Certificate							As required								
I A. F M. 1244 A.	Medical Certificate							As required								
I A. F M. 1245.	Application for Reception Order							As required.								
I A. F M 1246	Reception Order															Issued to D Ds M S or A Ds M S as required
I. A F M.-1247	Stateme t of case of a patient proceed i g to a Pasteur I stitute	4	4	6	6	8	8	10	4	4	6	6	8	8	10	
I. A. F M.-1250	Instructions for the restoration of the apparently drowned.	2	2	4	4	6	6	8	2	2	3	4	5	6	8	
I A. F M.-1251a	Re gious denomination tickets Briti h troops.	8	16	32	0	50	80	80								

No. of form	Description of form	British Military Hospitals: Under 25 beds	25-49 beds	50-99 beds	100-149 beds	150-199 beds	200-299 beds	300 and over	Indian Military Hospitals: Under 25 beds	25-49 beds	50-99 beds.	100-149 beds	150-199 beds	200-299 beds.	300 and over	Remarks
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	India Army Forms—contd															
I A F M 1252.	Routine on admission of a case of venereal disease	1	1	1	1	2	2	3	1	1	1	1	2	2	2	
I A F M 1254	Medicine labels for stock bottles (10 pages)	4	6	8	10	15	20	25	4	4	6	8	10	12	15	
I A F M 1255	*Dispensary labels large size*	20	30	60	120	160	240	300	20	30	60	80	120	160	240	
I A F M 1256	Dispensary labels small size	20	30	80	120	160	240	300	20	30	60	80	120	160	240	
I A F M 1257	Dispensary labels, for external use	20	20	40	60	70	80	100	20	20	40	60	70	80	100	
I A F M 1258	Dispensary labels, "shake the bottle."	20	20	40	60	[illegible]	80	100	20	20	40	60	70	80	100	

I A F M 12/9	Form of claim for medical attendance on board ship															Issued to Royal Indian Marine Department and Embarkation authorities as required.
I A F M 12/2	Envelope for use when despatching blood sera for examination							As required								
I A F M 12/3	Form to be completed and despatched with specimens of blood sera for Wassermann test.							As required								
I A F M 12/5	Medical Board for the reassessment of disabilities															Issued to Officers Commanding units and Heads of Departments on an as required scale
I A F M.-12/5-B	Malaria case sheet							As required								
I A F M 12/5-D	Request for Laboratory Examination.							As required								
I A F S 1619 A	General instructions regarding the I A F S 1619 series of ration returns.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
I A F S 1619-F	Monthly ration return British Military Hospitals.	23	23	23	23	23	23	23								
I A F S 1619-G	Monthly ration return Indian Military Hospitals								23	23	23	23	23	23	23	

II.—FORMS NOT EXCLUSIVELY MEDICAL WHICH ARE OCCASIONALLY REQUIRED FOR USE BY MILITARY MEDICAL OFFICERS.

(These forms will be indented for on an "as required" basis.)

ARMY FORMS

A. F. A. [illegible].—Proceedings of a court of enquiry. Also proceedings of a medical board on the wives and children of officers and of other ranks of the British service.

A. F. A. [illegible].—Nominal roll of officers and men wounded in action (F.S.).

A. F. A. [illegible].—Return of daily strength of troops for military hospitals.

A. F. A. [illegible].—Intimation of deaths for registration in A. B. 116.

A. F. B. [illegible].—Casualty form, Active service. } Field Service

A. F. B. [illegible].—Register of prisoners of war in hospital. } Field Service

A. F. B. [illegible].—Register of enemy's dead. } Field Service

A. F. B. 121.—Regimental Conduct Sheet (Used by the Assistant Surgeons of the I. M. D.).

A. F. B. [illegible].—Notice prohibiting spitting. (English, Urdu and Hindi.)

A. F. B. [illegible].—Medical history sheet, British troops.

A. F. B. [illegible].—Application for the special enlistment of a recruit.

A. F. B. [illegible].—Descriptive return of a recruit proposed for discharge.

A. F. B. [illegible].—Minor sick report.

A. F. B. [illegible].—Form of report of death of a soldier to the War Office.

A. F. B. [illegible].—Form of report of death of a soldier to the War Office—Field service.

A. F. C. 319.—Schedule of medical inspection, school children.

A. F. C. [illegible].—Medical inspection card, child welfare.

A. F. C. [illegible].—Children's medical certificate, Army Schools.

ARMY BOOKS.

A. B. 1[illegible].—Register of medical inspections of military prisoners.

A. B. 116.—Specification table.

INDIA ARMY FORMS

I A F A 311—Pension roll, departmental officers, warrant officers, soldier mechanics of the Ordnance Department and sub-assistant surgeons

I A F A 312—I M D record of service (used in connection with I A F A 311)

I A F A 393—Death certificate, active and foreign service Indian troops

I A F A 701—Monthly casualty return, all corps

I A F A 701A—Monthly casualty return of officers

I A F A 701B—Monthly casualty return of W Os, N C Os, and men

I A F F 958—Service and casualty form (Indian troops and followers)

I A F I 1145—Review reports on units

I A F L-1171—Application for leave—Assistant Surgeons I M D

I A F M 1219—Test dot card

I A F M 1227—Expense book

I A F M 1238—Medical certificate for individuals examined

I A F M 1239—Health certificate Indian ranks and establishments

I A F M 1242—Medical history sheet Indian troops and followers

I A F M 1248—Instructions to be followed in cases of dog bite snake bite and heat apoplexy

I A F O 1445—Return of Ordnance stores in use in military hospitals

I A F P 1471—Scale of diet authorised for soldiers undergoing sentences

I A F S 1517—Monthly cooking fuel return

I A F S 1518—Monthly ration certificate

I A F S 1595—Indent for oil etc, for lighting purposes.

I A F S 1645—Application for information regarding current prices.

I A F Y 1931—Recommendation for grant of meritorious or long service medals to Indian soldiers serving with the I H C.

I A F Y 1945—Nominal roll of Indian ranks and followers proposed for invaliding or pension

I A F Z-2002—Annual indent for forms, etc.

I A F Z, 2039—Transfer return of documents.

I A F. Z -2041.—Record of services Officers, Indian services

I A F Z 2042A.—Additions to the record of service of an officer

I A F Z 2062.—Precautions against fire

I A F Z 2081.—Transfer certificate, cash stores, equipment, etc

I A F Z 2091.—General indent form

I A F Z 2108.—Return of stores and fixed dead stock

I A F. (Medl.) 24.—Supplementary and emergent indent on the Medical Store Department

APPENDIX XII-A.

LIST OF BOOKS TO BE IN THE POSSESSION OF MEMBERS OF THE M.M.S.

The following books will be in the possession of members of the Military Medical Services —

—	Scale							
	By purchase		Provided by the State					
	R.A.M.C. and A.D. Corps officers	I.M.S. officers	R.A.M.C. and A.D. Corps officers	I.M.S. officers	Lady nurses M.N.S.	Assistant Surgeons	R.A.M.C. and A.D. Corps other ranks	Sub-Assistant Surgeons
Regulations for the Army in India	1	1						
Regulations for the Medical Services of the Army in India			1	1		1		1
R.A.M.C. Training					1		1	
R.A.M.C. Standing Orders					1		1	
Army Manual of Sanitation			1	1				
Field Service Regulations Part I			1	1		1		1
Memorandum on Medical Diseases in Tropical and Sub-tropical Areas			1	1				
Manual of Medical Aspect of Chemical Warfare			1	1				

2 Consolidated indents for the numbers required in a district or independent brigade will be submitted to the Manager Government of India Central Publication Branch Calcutta, except for Field Service Regulations, application for which will be made to the Chief of the General Staff Army Headquarters, India

3 On the transfer of an officer of the R.A.M.C. to the Home Establishment or of an I.M.S. officer, Assistant Surgeon or Sub-Assistant Surgeon to the civil department, or when such individuals leave the service the books provided by the State will be withdrawn and retained in the office of the A.D.M.S., district or independent brigade for issue to new-comers This rule does not however apply in cases of temporary transfers to, or from civil department *e g* for plague or famine duties temporary reversion to military duty etc

I A F Z 2041—Record of services Officers Indian services

I A F Z 2042A—Additions to the record of service of an officer

I A F Z 2062—Precautions against fire

I A F Z 2081—Transfer certificate, cash stores, equipment etc

I A F Z 2091—General indent form

I A F Z 2108—Return of stores and fixed dead stock

I A F (Medl) 24—Supplementary and emergent indent on the Medical Store Department.

APPENDIX XII-A.

LIST OF BOOKS TO BE IN THE POSSESSION OF MEMBERS OF THE M.M.S.

The following books will be in the possession of members of the Military Medical Services —

—	Scale							
	By purchase		Provided by the State					
	R A M C and A.D Corps officers	I M S officers	R.A M C and A.D Corps officers	I M S officers	Lady nurses M N S	Assistant Surgeons	R A M C and A D to Ps other ranks	Sub-Assistant Surgeons
Regulations for the Army in India	1	1						
Regulations for the Medical Services of the Army in India			1	1		1		1
R A M C Training					1		1	
R A M C Standing Orders					1		1	
Army Manual of Sanitation			1	1				
Field Service Regulations Part I			1	1		1		1
Memorandum on Medical Diseases in Tropical and Sub-tropical Areas			1	1				
Manual of Medical Aspect of Chemical Warfare			1	1				

2 Consolidated indents for the numbers required in a district or independent brigade will be submitted to the Manager, Government of India Central Publication Branch, Calcutta, except for Field [illegible]

tant Surgeon to the civil department, or when such individuals leave the service the books provided by the State will be withdrawn and retained in the office of the A D M S, district or independent brigade for issue to new-comers. This rule does not, however, apply in cases of temporary transfers to, or from civil department, e g, for plague or famine duties, temporary reversion to military duty, etc

APPENDIX XII-B.

LIST OF BOOKS TO BE MAINTAINED BY BRITISH AND INDIAN MILITARY HOSPITALS.

1 King's Regulations for the Army and the Army Reserve

2 Royal Warrant for Pay, etc —British military hospitals only

3 Regulations for the Army in India

4 Pay and Allowance Regulations, India, Parts I and II and Pension Regulations India

5 Financial Regulations, India.

6 Regulations for the Medical Services of the Army in India.

7 Dress Regulations, India.

8 Passage Regulations, India

9 Clothing Regulations, India

10 Army Instructions (India).

11 India Army Orders

12 Manual of Military Law

13 Manual of Indian Military Law

14 Guide to Summary Courts of Martial under the I A A

15 War Establishments, India, Vols I and III

16 Field Service Manual—Medical.

17 Equipment Regulations (India), Part I

18 Equipment Regulations (India), Part II, Section V (pertaining to the unit)

19 Equipment Regulations (India), Part II, Section XVI (Sanawar).

20 Mobilization Regulations

21 Field Service Regulations, Vol. I

22 Field Service Regulations, Vol. II

23 Field Service Pocket Book.

24 Barrack and Hospital Furniture-Schedules (Section Q)

25 Scales of rations and supplies issued by the I A.S C

26 Specifications of articles of I.A.S C. Supply

27 R.A.M C. Training

28 R.A M C Standing Orders (B.M Hs only)

29 Priced Vocabulary of Stores (Section pertaining to the unit) Barracks and Camps K and L.

30 Priced Vocabulary Medical Stores.

31 Barrack Synopsis.

APPENDIX XIII

FORM OF CERTIFICATE TO BE SIGNED BY THE RELATIONS OR FRIENDS ON TAKING CHARGE OF A MENTAL CASE

I certify that I am desirous and willing to receive my relation* / friend

No	Rank	Name	Regiment

The nature of his disease and the fact that he may possibly be dangerous has been explained to me but I am willing to accept full responsibility for him in every way

Signature————————

Place————————

Date————————

*Delete one of these words.
If a relation state the relationship.

APPENDIX XIV.

INSTRUCTIONS FOR RECORDING DENTAL TREATMENT.

The surname will be written in block letters on the dental treatment card, and the particulars of the soldier's unit will be given in full

2 *The following descriptions and signs will be used to denote* the existing dental condition If a soldier is found to require no treatment on first inspection the words "dentally fit" will be entered on the first lines of the dental treatment columns of his medical history sheet and dental treatment card —

(a) *Missing teeth* will be indicated by a line drawn mesio distally through the diagram of the teeth lost.

(b) *Unerupted teeth* will be indicated by a letter "U" placed against the diagram of the teeth on the side nearest to the centre of the chart.

(c) *Deciduous teeth* will be indicated by a letter "D" placed against the diagram of the teeth on the side nearest to the centre of the chart (The letters "D U" will be used to indicate that a deciduous tooth persists and the corresponding permanent tooth has not erupted)

(d) *Supernumerary teeth* —These will be indicated by a diagram of the teeth being drawn on the chart showing position

(e) *Unrepairable teeth* will be indicated by a letter "X" through the diagram of the teeth No tooth will be considered unrepairable if it can be usefully conserved

(f) *Caries* will be indicated by showing in outline on the diagram of the affected tooth the approximate extent of *necessary restoration (Unsound restorations requiring* renewal will be similarly indicated)

(g) *Existing sound restorations* will be indicated by "filled in" diagrams showing the extent and sites of such restorations

(h) *Crowns* —Serviceable crowns will be indicated by four parallel lines drawn bucco lingually (or labio lingually) across the diagram of the teeth, thus — ≡

(j) *Bridges* will be indicated by four continuous parallel lines, extending mesio distally through the teeth bridged, thus — ≡

(k) Under "Remarks" the following information will be briefly given —

(i) The state of the mouth as regards cleanliness This will be indicated by the words "good," "fair," or "neglected," Immediately following the printed words 'Oral Hygiene.'

(ii) Particulars of existing artificial dentures These will be shown as in the following example —

$\frac{\text{5421/1567 vulcanite}}{\text{75 3467 vulcanite}}$ private (or public) expense

This indicates that upper and lower vulcanite dentures are being worn to the extent noted and *whether they are provided at the soldier's own (or* at public) expense

(iii) Particulars of any abnormality in the position or structure of the teeth

(iv) Particulars of any pathological condition in the mouth

(v) If it is known that the soldier is suffering from syphilis the fact will be recorded

3 The following abbreviations will be used in describing subsequent treatment in the dental treatment columns of the medical history sheet and dental treatment card Entries in the medical history sheet will be limited to work actually completed and details of preparatory work should not be entered —

(a) *The notation for the permanent teeth will be* —

$\frac{\text{87654321/12345678}}{\text{8 6 43 1 12345678}}$ m = mesial, d = distal,

cr = crown, l = lingual,

buc = buccal lab = labial surfaces

(b) *The notation for retained deciduous teeth will be* —

$\frac{\text{edcba/abcde}}{\text{ed ba abcde}}$

(c) *Conservative treatment* —

Amalgam restoration . . .	A.R.
Osteo cement restoration . . .	O R.
Amalgam / Cement lined } Restoration .	A.C.R
Synthetic cement restoration . .	S R
Cu Oxyphos restoration . . .	Cu R.

The extent of the restoration of a tooth will be "filled in" c the diagram on the dental treatment card as soon as the restoratio is completed

Dressing . .	Dr
Gutta percha .	G P
Scaling and Cleaning . .	Sc

(*d*) *Pulp and root treatment*:—

As_2O_3 dressing	P.Ar.
Pulp removal, local anaesthetic . .	P.L.
Root filling	Rt F.
Root dressing	Rt Dr
(*e*) *Extractions*:—	X
Extractions with local anaesthetic . .	X.L.
Extractions with general anaesthetic	X followed by description of anaesthetic, *e g*, X. Nitrous Oxide. X. Ether, X Chloroform

(*f*) *Artificial dentures*—The supply of these appliances will be indicated by giving the notation figures, showing extent of dentures, followed by description of appliance, *e g* —

$$\frac{6543/1567\ \text{Vulc}}{76/4567\ \text{Vulc}}$$

Impressions . .	Imp
Try in . .	Try
Fitted . . .	Fd.
Remodel .	Rem
Repair	Rep.

(*g*) Particular of any other treatment will be entered as briefly as possible.

APPENDIX XV.

LIST OF SUBJECTS INCLUDED UNDER HYGIENE AND PATHOLOGY.

A.—HYGIENE.

Accommodation for troops—
- Hygiene questions
- Sites and plans, approval of

Annual Hygiene reports

Anti malarial measures

Army Schools

Cantonments
- Health organization and reports

Child Welfare

Clothing and equipment—
- Hygiene questions

Communicable and infectious diseases, epidemiology

Deficiency diseases

Entomology

Health statistics

Inoculation and vaccination returns

Inspection reports hygiene questions

Instruction in prevention of disease—
- Sanitary demonstration areas
- Training of unit sanitary personnel

Invaliding

Movements of troops

Physical training

Prevention of disease

Rations and foodstuffs—
- Quality cooking storage etc

Recruiting—
- Physical examination of recruits

Units and drafts—
- Physical fitness

Water supplies

Water analysis.

B.—PATHOLOGY.

Annual pathology reports
Autopsies.
Bacteriology
Diagnosis and treatment, bacteriological
Enteric Fever Case Sheets.
Helminthology
Inoculation technique
Laboratories and clinical side rooms—
    Control
    Diagnostic methods and technique
    Equipment and material.
    Reports and returns
    Training of personnel.
Medical case sheets.
Medical literature and libraries
Pathology
Protozoology
Research—
    Accounts
    Reports
    Schemes
Vaccines and sera

APPENDIX XVI.

VACCINES, SERA, STANDARD AGGLUTINABLE CULTURES AND WASSERMANN REAGENTS

VACCINES

1 *Prophylactic vaccines*—T A B, Cholera and Influenza vaccines *are normally supplied in 20 c c capsules, and Plague in 25 c c capsules*

To minimise wastage, men for inoculation should as far as possible be paraded in batches of 40 or 20 for the first and second doses respectively as, in actual practice, capsules once opened cannot be closed safely and satisfactorily.

T A B and cholera vaccines may be obtained on indent in the following proportion —

50 per cent in 20 c c capsules

20 per cent in 10 c c capsules

15 per cent in 5 c.c capsules

15 per cent in 1 c c capsules

Owing to the high cost of smaller capsules as compared with 20 c c containers, every attempt should be made to limit the use of small tubes to occasions when they are really necessary

2 *Curative vaccines*—Autogenous vaccines are usually much more efficacious than stock vaccines

Whenever possible material for the preparation of an autogenous vaccine should be supplied to, or if in the same station be taken in person by, the Officer in charge of the District laboratory Sterility tests aerobic and anaerobic should invariably be carried out before issue, and directions as to dosage etc, forwarded with the vaccine by the Officer in charge laboratory concerned

The following curative vaccines are issued by the Director, Central Research Institute, Kasauli —

	1st dose	2nd dose	3rd dose	4th dose	
1 Staphylococcus—					
1st course	100	200	400	800	millions per c c
2nd course	1,000	1,500	2,000	2,500	"
2 Streptococcus—					
1st course	10	25	50	100	
2nd course	150	200	275	350	
3 Gonococcus—					
1st course	12.5	25	50	100	
2nd course	200	300	400	500	"
4 B typhosus	50	75	100	150	" "

instructions issued by the Central Research Institute, Kasauli, for the use of this serum, and the label on the phial bears the date of manufacture, from which the date of expiry can be calculated on the basis of the instructions contained in para 6 below

(2) normal horse serum—in capsules of 20 c c each

6 *Time limits*—The time limits and conditions under which vaccines and sera may be used are as follows —

VACCINES

(i) Prophylactic vaccine may be used as noted below —

T A B	6 months	From date of manufacture
Cholera	6 months	
Plague	18 months	

(ii) Curative vaccines should not be used after three months from the date of manufacture

SERA

(i) Anti tetanic anti diphtheritic and anti dysenteric may be used—

(a) for 18 months beyond expiry date with 20 per cent. addition to the dose,

(b) from 18 months to 5 years beyond expiry date with 30 per cent. addition to the dose provided that the anti sera are stored in the ice chest

(ii) Anti streptococcic serum
(iii) Anti venene
} May be used for one year beyond expiry date with 25 per cent increase to the dose

(iv) Other sera should not be used beyond date of expiry Vaccines and sera which become time expired after the periods mentioned above should be written off and the bottles, capsules etc, should not be returned to the source of supply

STANDARD AGGLUTINABLE CULTURES AND HIGH-TITRE SERA.

7 Standard agglutinable cultures and the corresponding high titre sera are prepared at, and will be obtained from, the Enteric Convalescent Depôt Laboratory, Kasauli

WASSERMANN REAGENTS

8 The following re agents for the Wassermann test are prepared at, and will be obtained from, the Southern Command Laboratory Poona —

(1) Antigen (heart cholesterin extract).
(2) Amboceptor (rabbit-sheep serum).

APPENDIX XVII.

SANITARY REPORTS

The following paragraphs are intended for the guidance of officers preparing special sanitary reports

Initial reports on freshly occupied areas, new stations, or proposed camp sites for long occupation should be as complete as possible and should be accompanied by maps, plans, sketches or photographs, so that full information may be filed for future reference

Subsequent reports need not repeat details which remain constant, but should deal with all matters deemed to bear upon prevalent diseases or to conduce to increased physiological efficiency. Reports covering matters referred to in B (2) (e) (*Schools*) should be forwarded with the remarks if any, of the General Staff concerned

Subject matters are grouped hereunder as follows —

A Initial Reports

(1) Newly-occupied districts
(2) New sites proposed for occupation

B Subsequent Reports

(1) Matters generally applicable to occupied areas
(2) Matters specially applicable to areas occupied by buildings —
 (a) General
 (b) Barracks
 (c) Married quarters
 (d) Hospitals
 (e) Schools
(3) Matters specially applicable to camps

A Initial Reports

1 *Reports on newly occupied districts*

(a) *Physical and political geography* Physical features, climate, flora and fauna including entomology racial distribution social institutions and conditions, etc

(b) *Geology* —Data readily available regarding nature and trend of principal strata

(c) *Food* —Staple and accessory foodstuffs

(d) *Water* —Distribution, annual fluctuations and (if possible) sub soil levels

(e) *Conservancy* —Administration and organisation (if any), methods in use

instructions issued by the Central Research Institute, Kasauli, for the use of this serum, and the label on the phial bears the date of manufacture, from which the date of expiry can be calculated on the basis of the in structions contained in para 6 below

(2) normal horse serum—in capsules of 20 c c each

6 *Time limits*—The time limits and conditions under which vaccines and sera may be used are as follows —

VACCINES

(i) Prophylactic vaccine may be used as noted below —

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SERA

(i) Anti tetanic anti diphtheritic and anti dysenteric may be used—

(a) for 18 months beyond expiry date with 20 per cent addition to the dose

(b) from 18 months to 5 years beyond expiry date with 30 per cent. addition to the dose provided that the anti sera are stored in the ice chest.

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WASSERMANN REAGENTS

8 The following re agents for the Wassermann test are prepared at, and will be obtained from the Southern Command Laboratory Poona —

(1) Antigen (heart cholesterin extract).
(2) Amboceptor (rabbit sheep serum)

disinfectants. Cooks—health; medical history, personal cleanliness; provision of basins, soap, nail-brush and towel; white clothing; proficiency in cooking

Bakeries, abattoirs, meat stores, ration stores, canteens, messes, dining rooms, supply bars, institutes, mineral-water factories—health and supervision of employees, etc; cleanliness; fly exclusion, adequacy of utensils (cooking and service), water supply

(*f*) *Supplies*—(*i*) *Rations*—Nature and composition, quantity, quality; variety, protection against contamination routine inspection.

(*ii*) *Accessory supplies*—Milk and butter—source, condition of dairies and animals, cleanliness of methods, health and supervision of employees; quality (chemical and bacteriological)

Fruit and vegetables—source, quality; quantity, variety; fresh or preserved

Aerated water—source, purity of water used, conditions of manufacture, cleansing of bottles, stoppers, and hands of attendants

Other foods and beverages—quality, variety

Canteen stores—quality, variety

Disinfectants—quantity, quality

Fly preventatives.

(*g*) *Personal hygiene*—Clothing and bedding—suitability, sufficiency; fitting, condition, changing interval stuffing of mattresses and bolsters if adequate, and properly teased pillow slips if in use marking of blankets with regimental numbers, or if at depôts in sets, night clothing cleanliness freedom from vermin washing arrangements, drying arrangements, condition and method of use of mosquito nets and other means of protection

Personal cleanliness—ablution and bathing (frequency and regimental control), freedom from vermin, use of tooth brush

Barber's shop—cleanliness, disinfection of utensils

Care of feet—fitting and condition of boots and socks, fitness for marching; chiropody

Moral and mental welfare—recreation facilities (indoor and out door), education facilities, intemperance (prevalence, counter attractions), venereal disease (prevalence opportunities for acquirement, facilities for prophylaxis and anti venereal propaganda)

Physical training—condition of recruits routine medical inspections, graduation of exercises to develop nent of individual recruits use of development charts in gymnasia, showing age, progress in weight, chest girth and height

Work of troops—nature, amount ratio of nights in bed to nights on duty, hours of work (in hot climates especially)

(*h*) *Conservancy*—Human excreta—methods of disposal

Latrines and urinals—description, location (especially in relation to kitchens and water sources), condition, night lighting, posting of sanitary orders and orderlies, latrine paper methods of fly destruction

Manure—position and condition of horse lines, prevalence, breeding and destruction of flies, methods of disposal

Other solid refuse (including carcases)—methods of collection and disposal.

Incinerators—type, working methods, condition of incinerators and surroundings, completeness of combustion, freedom of ashpits from unburnt organic matter, absence of fly larvæ from neighbourhood of the incinerators

Sullage—method of collection and disposal, suitability and covering of the receptacles used

Flies—exclusion from matter which is infective or which afford them breeding facilities

(i) *Sickness*—Numbers sick (including those treated in barracks) to the total strength, shown as rates per 1,000

Infectious diseases—methods of control, isolation of cases and contacts, disinfection facilities and routine

In the event of there being a relative excess of any special diseases, their nature and prevalence should be stated, and detailed results of investigation and remedial action should be given

(j) *Sanitary and water duty personnel*—Establishment, strength; duties, training, efficiency, arrangements for maintaining trained reserves

2 *Matters especially applicable to areas occupied by buildings*

(a) *General*—Buildings—access of light and air, exclusion of ground air, dryness

Living rooms—space (cubic, floor and linear) per occupant by day and by night, ratio of glass area to floor area

Kitchens preparation rooms and sculleries—facilities for preparation of vegetables and other foods and for cooking and washing up, provision of sinks racks and hot water

Drainage—system (separate or combined), connections and outfalls

Rain and surface waters—condition of roofs and conduits, disconnection condition of gullies efficiency of traps

Sullage water—disconnection, efficiency of traps

Soil pipes—construction, dimensions, position, ventilation, efficiency of W C traps, provision of anti siphonage, inspection eyes at junction with drains

Drains—course, construction, dimensions, gradients, position of inspection chambers, ventilation, cleanliness, flushing, disconnection from sewer, results of tests (water smoke or chemical)

Conservancy, Sewage disposal—system in use, description of installation, management, efficiency, as indicated by characters and analyses of final effluent

Refuse disposal—receptacles, collection (interval and disposal), storage, exclusion of flies

(b) *Barracks*—Guard and barrack detention rooms—space, ventilation, lighting, heating, bedding, sanitary conveniences

Dining rooms—seating accommodation, floor space per man, organization for food service

Messing—system, variety, condition of food service

Swimming bath—provision and use of preliminary shower baths provision of urinals, condition of water (frequency of changing and means adopted for purification), towels, disposal of foul water

Gymnasium—condition and training of recruits, ablution facilities, development charts

(c) *Married quarters*—Accommodation—sufficiency in regard to total strength and to size of individual families spaces provided (day and night), facilities for separation of girls from boys at night, cupboard accommodation in bedrooms and living rooms W C accommodation

Cooking facilities, provision of larder and coal store

Bathing facilities

Laundry and drying facilities—provision and purity of rain water

Fuel—adequacy of issues

Food clothing and essential expenses

Children—physical and physiological condition with special reference to diet (total calorie value proximate principles and accessory food factors (vitamins)) provision of playgrounds and sheds

(d) *Hospitals*—Accommodation—ratio of beds to strength (general, special departments infectious, families) situation description, condition, space per occupant of wards (cubic floor and linear wall space), ventilation, heating ratio of glass area to floor area

Annexes—position adequacy fittings condition

Infectious cases—isolation disinfection (facilities and arrangements)

(e) *Schools* Accommodation—sufficiency in relation to strength, situation description condition space per scholar (cubic and floor) ventilation warming lighting, ratio of glass area to floor area direction of fall of light upon desks latrines and urinals (type, sufficiency percentages for each sex supply of latrine paper) play ground adequacy provision of hat and clothes pegs (sufficiency and individual allotment) ablution facilities (basins soap and towels) drinking water (supply by jet with a ring to prevent application of mouth to nozzle, exclusion of cups for common use)

Fittings—provision of suitable desks (adjustable as regards height of desks and foot rests suitable slope of desk backrests adjustment of direction so that light comes from the scholars' left side and glare in their eyes is avoided)

Lessons—nature of type in which school books are printed frequent change of subject, avoidance of long hours, frequent intervals for play

Games and physical training—provision, organization, covered sheds for wet days, playground surface

Scholars—physical condition, physiological condition, teeth sight, cleanliness, infective dermatitis, standard of intelligence for age

3 *Matters especially applicable to camps*

(a) *Topography*—features size of area in relation to strength in occupation

(b) *Accommodation*—type of tents drying tents, overcrowding, location of cookhouses, dining and recreation tents, flooring, excess of dust, damp and surface drainage, airing by day, ventilation at night, periodical change of tent sites protection of occupants against temperature extremes cleanliness freedom from disease vectors

(c) *Conservancy*—(1) Human excreta—location of latrines urinals and excreta disposal areas in relation to water courses kitchens etc, type of latrines and urinals in use method of disposal of excreta

(2) Sullage—condition and covering of receptacles, efficiency of grease traps condition of soak pits

(3) Manure and litter—position and condition of horselines, prevalence breeding and destruction of flies, methods of disposal

Water—Existing supplies—sources quality, quantity and possible augmentation of yield, possible sources of contamination

Facilities for protection purification gravitation and storage

APPENDIX XVIII.

TELEGRAPHIC CODE.

To be used in reporting cases of infectious diseases amongst troops families or followers
For form of telegram see Section XI, paragraph 517
When there is no telegraph station, the message should be sent by post to the nearest telegraph station

No of cases	CASES						DEATHS		
	IN BARRACKS OR LINES		IN CAMP		IN FORT		IN BARRACKS, LINES CAMP OR FORT		
	British	Indian.	British.	Indian	British.	Indian	No of deaths	British	Indian
1	Ball	Lamp	Calm	Paddy	Faint	Rat	1	Dark	Salmon
2	Bane	Lantern	Cat	Play	Farm	Rare	2	Dean	System.
3	Bath	Lawful	Cist	Plump	Feat	Ruth.	3	Dew	Solid
4	Bear	Lead	Corn	Plaster	Feel	Ruddy	4	Dial	Safe.
5	Bolt	Lift	Cart	Pile	Final	Rice.	5	Dive	Sound.
6	Bilk	Linger	Cycle	Pride	Foil	Road.	6	Door	Salute.
7	Block	Leg	Club	Pink	Futile	Riot.	7	Doll	Singer
8	Bole	Lower	Chill	Paste	Fluid	Review	8	Dread	Smile
9	Breath	Luton	Cry	Peter	Fright	Ration.	9	Droop	Scatter
10	Bud	Lyric	*Cramp*	*Pudding*	*Fry*	*Rusty*	*10*	*Dwell*	*Sight.*

Number	STATUS.								
	OFFICERS.		OTHER RANKS.		WOMEN		CHILDREN		FOLLOWERS
	British	Indian.	British	Indian	British	Indian.	British.	Indian.	
1	Oil	Tar	Man	Native	Wall	Goal	Yarn	Hall	Amber
2	Ocean	Trumps	Mart	Nave	Ward	Gaiety	Yellow	High	Alms
3	Offer	Taste	Mend	Near	Weak	Guide	Yet	Hollow	Avoid
4	Olive	Tide	Metre	Never	Wine	Gist	Yield	Half	Alloy
5	Omen	Tiffin	Mix	Nibble	Wood	Grand	Yoke	Host	Aaron.
6	Option	Tub	Musk	Nile	Worn	Globe	Yonder	Hamper	Absent
7	Octave	Twinkle	Mute	Nod	White	Great	Youth	Haughty	Adore.
8	Otter	Teeth	Mean	Note	Wrath	Germ	Yacht	Hump	Aerated
9	Oblong	Tweed	Mortal	Normal	Wreck	Glitter	Yeast	Haven	Ahead.
10	Oyster	Tool	Market	Nut	Wrong	Gorge	Yardley	Hinges	Account.

Disease prevalent in bazar — Bazaar
" " city — City
" " district — District.
Report follows by post — Packet.

Moved into camp — Tented
Camp shifted — Shifted
All necessary precautions taken — Precaution

Specimen message

(a) Smallpox
(b) Thirteenth.
(c) Four British cases and one Indian case in barracks—one British officer Lieutenant Jones 1st Gloucesters, three British other ranks 2nd Bedfords one Indian woman 2-18th Garhwalis.
(d) One death Indian—woman 2-18th Garhwalis.
(e) Thirty cases eleven deaths.

Same message in code

(a) Smallpox.
(b) Thirteenth.
(c) Bear lamp—oil Lieutenant Jones 1st Gloucesters mend 2nd Bedfords, goal 2-18th Garhwalis.
(d) Salmon-goal 2-18th Garhwalis
(e) Cases thirty deaths eleven

APPENDIX XIX.

NOTES ON INVESTIGATING, REPORTING ON, AND DEALING WITH OUTBREAKS OF INFECTIOUS DISEASE.

1.—TABLE OF INCUBATION AND SEGREGATION PERIODS.

Disease	Incubation period		Segregation period
	Usual	Ordinary limits	
Scarlet Fever	2 3 days	1 8 days	10 days
Measles	14	6 18 ,,	Contacts examined daily between 7th and 14th days
Rubella	15 18 ,,	10 23 ,	Contacts examined daily between 7th and 23rd days
Mumps	18 21 ,,	12 25 ,,	22 days for non immunes
Small pox	12 ,	8 17 ,	Successful vaccination or 18 days
Chicken pox	12 14 ,	12 21 ,,	18 days.
Influenza	2 ,,	1 4 ,	
Whooping cough	7 14	2 21	16 days for non immunes
Diphtheria	2 5 ,	2 10 ,,	Depends on bacteriological examination
Typhoid Fever	10 14 days	8 21 days	
Paratyphoid Fever	10 14 ,,	8 21 ,,	
Cholera	1 3 ,	1 5 ,,	8 days
Bacillary Dysentery	1 3 ,,	1 5 ,,	
Plague	3 5 days.	1-8 days	5 days
Typhus Fever	5 8 ,	4 14 ,	14 days subsequent to eradication of lice
Relapsing Fever	8 10 ,,	2 14 ,,	10 days after disinfestation.
Trench fever	5 9 ,,	5 21 ,,	
Yellow Fever	3 4 ,,	2 5 ,,	5 6 days
Rabies	6 weeks	7 days to 6 months	

2 *Interchange of Information* —Medical officers should work in the closest possible collaboration with the Deputy Assistant Directors of [illegible]

disease in their respective spheres

3 *Lines of investigation* —In investigating outbreaks of infectious disease the main inquiry should be directed to the known routes of [illegible]

[illegible]

on a spot map Attention should be directed to any sanitary defects in the camp barracks or their surroundings Investigations should be made regarding food water milk and other supplies both official and private, the method of disposal of refuse and excreta, over crowding and ventilation the existence of breeding places of flies and other disease vectors and their presence in excessive numbers

In reporting on the outbreak reference should be made to methods adopted for the isolation of the sick segregation and observation of contacts disinfection and other general sanitary measures which have been taken.

The early and accurate diagnosis of all cases of infectious disease and the isolation of patients is of the utmost importance

4 *Disinfection* —As soon as possible after the removal of any case of infectious disease disinfection will be carried out as laid down in paras 533 554

In cases where isolation of the patient is effected in quarters disinfection will be carried out immediately after the d sposal of the case

The following paragraphs give a synopsis of present knowledge as to the methods of spread and necessary preventive measures in the case of the principal diseases (arranged in alphabetical order)

Anthrax

5 *Spread* —By close association with infected cases human or animal by carcases hides hair or bristles by shaving or tooth brushes containing spores The route of invasion is commonly through abrasions

6. *Preventive measures* —The patient should be isolated and dis infection carried out as indicated in para 554

By co-operation with veterinary officers, early information should be obtained of diagnosed and suspected cases of anthrax among animals Infected animals should be destroyed, and their carcases burnt or deeply buried after being freely coated with quicklime, special care must be taken to prevent the ground being fouled by blood and discharges Infected ground should not be camped on. (*See* K. R, paras. 1453, 1454).

Abrasions of all personnel engaged in attending animals of infected units must be protected

Shaving brushes before being taken in stock should be soaked for four hours in a 10 per cent solution of formalin * The solution should [illegible]

CEREBRO SPINAL FEVER.

7 *Spread* —Is closely associated with overcrowding, conveyed by "droplets" emitted by a carrier in coughing, sneezing or breathing.

The causal agent is a diplococcus found in the nasopharyngeal mucosa, and present in a definite small percentage of the general population, without necessarily implying any individual pathogenic significance Recruits and young soldiers are peculiarly liable to attack. There is definite seasonal incidence In temperate latitudes the maximum incidence occurs during the humid months of spring and in autumn, in the tropics in the "cold" season when overcrowding is greatest

8 *Preventive measures.*—Avoidance of overcrowding: and free ventilation Disinfection should be carried out as indicated in para. 554 Isolation of the patient, segregation and bacteriological examination of contacts, segregation of attendants on the sick: gargling or spraying the throats of troops.

Experience has shown that the disease will not occur in armies if the established peace-time allotment of accommodation is not departed from, if judicious spacing is maintained in sleeping rooms, if men are prevented from over crowding recreation rooms, dining rooms, lecture halls and canteens, and if ventilation is established [illegible] coccus which has but a short life in cold freely moving air.

CHOLERA.

9 *Spread* —By water, milk, cream, butter, uncooked vegetables, salads, fruits, mineral water, etc., when any of these have become infected by the discharges from a carrier or case of the disease.

* Formalin is a 40 per cent. solution of formaldehyde.

10 *Preventive measures*.—Disinfection will be carried out as indicated in para 554. During outbreaks, special attention should be paid to cases of diarrhoea and saline aperients should be avoided. Bazaars and other places where cholera is present should be placed out of bounds, and hawking of food and drink in barracks or camps prohibited. All personnel employed on duties connected with food or water should be medically examined daily, and instructed to report sick immediately on the occurrence of diarrhoea, the sources of all food supplies, including water and especially milk should be investigated and strict measures employed to ensure freedom from contamination. Bathing in pools and streams should be prohibited, the eating of uncooked vegetables and fruits should be forbidden. Communication with places infected should be restricted as far as possible.

When tracing the source of an outbreak valuable information can sometimes be obtained at the commencement of an epidemic by determining those articles of food or drink, the consumption of which has been common to all persons attacked. As apparently healthy men are occasionally found to harbour the germ during cholera epidemics, the arrangements for the disposal of faeces must be based on the assumption that all troops are potentially infectious. Inoculation with cholera vaccine has been shown to give definite protection for some months and should be carried out when troops are exposed to infection.

DENGUE

11 *Spread*.—By mosquitoes (*Aedes aegypti*). A dengue patient infects mosquitoes during the first three days of illness, the infected mosquito is able to transmit the virus eleven days after its infection, infected mosquitoes remain infective throughout life, hereditary transmission does not occur. *A aegypti* is essentially a day biter, but may bite also by night: it breeds in collections of clear water inside or close to human habitations: its eggs are very resistant and retain their vitality after storage in a dry place for several months, the eggs hatch normally in 3 days and the adult mosquito emerges ordinarily from 8 to 15 days later.

12 *Prevention*.—Patients should protect themselves by using mosquito nets by day and night. Non immune persons should avoid infected houses. Adult mosquitoes should be destroyed. Water should not be left in uncovered receptacles, open cisterns, buckets, etc, for more than 7 days.

DIPHTHERIA

13 *Spread*.—By droplet infection, as in coughing and talking occasionally infected articles, such as towels or pencils, may be responsible.

A large proportion of individuals (about 50 per cent of children and 75 80 per cent of adults) are permanently immune to diphtheria.

In the case of healthy carriers it is generally found that the condition lasts on the average for about 10 days.

14 *Preventive measures*—The prevention of diphtheria depends on prompt early recognition of cases and isolation of them

In the majority of cases in which infection is not due to contact with a recognised acute case, it is contracted from a recent undiagnosed case from a carrier or from a still infectious convalescent case One or more mild cases of sore throat or enlarged cervical glands, or of other catarrhal infection (not diagnosed as diphtheria) often precede the first recognised case of the disease

Two cases of diphtheria should be regarded as constituting an outbreak and as requiring vigorous steps to trace the origin and prevent the spread of the disease

In dealing with an outbreak any recent cases of sore throat, tonsillitis enlarged glands in the neck, nasal or aural discharge, also convalescents from scarlet fever or diphtheria, should be isolated and investigated and should, if possible, remain isolated

A chronological list of all diagnosed and suspicious cases, giving particulars as to dates quarters barrack rooms, dining tables, etc, may give useful information

Isolation—Convalescents from this disease should not be discharged from hospital until they have clinically recovered are free from nasal discharge have normal throats and are no longer carriers of virulent bacilli as shown by the results of examination of throat swabs

3 negative swabs, taken at least 12 hours after any medication to the throat, at 3 day intervals are required before a case or a carrier can be considered free'

15 *Material for examination*—The best material for examination is a portion of membrane removed from the affected region with sterile forceps For general use a non absorbent cotton wool swab on a stout wire, sterilized by dry heat (and enclosed in a test tube till required) is effective and reliable The swab should be seen to come into actual contact with the faucial exudate and should be used with such gentle force as to remove some of it In the case of contacts and in laryngeal diphtheria the swab should be rubbed thoroughly over the fauces In obtaining material from the nose the swab should be so introduced as to reach the turbinal bones, as these are the usual seat of membrane In no case should any antiseptic have been recently applied to the affected area

16 *Disinfection*—(i) Of room and objects as in para. 554

The bacillus has little power of resistance it is killed in 20 seconds by 1 1 000 corrosive sublimate or 5 per cent carbolic acid, and in 10 minutes by 1 per cent lysol The thermal death point is low (58° C.) The articles actually used by the patient can thus be easily disinfected. Pencils and pens should not be overlooked

(ii) Of carriers—

Local antiseptic treatment has been used with effect Removal of infected tonsils and adenoids has decisive results but should

be deemed necessary until adequate time has been allowed for spontaneous recovery

17 *Serum Treatment*—Subcutaneous injection is the easiest, and is usually, though wrongly, believed to be safer than other methods In all other respects it is inferior to intravenous and intramuscular injection.

In mild cases the intramuscular route may be employed in severe or late cases the intravenous route ought to be adopted, either alone or in conjunction with intramuscular injection

The following tables are a guide to the amount, in antitoxin units, that should be given in the various types of cases —

TABLE A

—	Mild cases	Early moderate	Late moderate and early severe	Severe and malignant
Infants 10-30 lbs in weight under 2 years	2 000-3 000	3 000-5 000	5 000-10 000	7 500-10 000
Children 30-90 lbs in weight under 15 years	3 000-4 000	4 000 10 000	10 000 15 000	10 000-20 000
Adults 90 lbs and over in weight	3 000 5 000	5 000-10 000	10 000-20 000	20 000-50 000
Method of administration advised	Intramuscular	Intramuscular	Intravenous	Intravenous

TABLE B

—	If treated on 1st day	If untreated		
		Until 2nd day	Until 3rd day	Until 4th day or later
Mild faucial	6 000	6 000	8 000	10 000
Moderate	10 000	12 000	14 000	16 000
Severe, severe faucial and laryngeal	*20 000*	*24 000*	*30 000*	*30 000*
Very severeal faucial	30 000	40 000	50 000	50 000
Laryngeal only	18 000	18 000	18 000	18 000
Nasal only but with membrane. Conjunctival only	6 000	6 000	8 000	10 000

Principles of procedure.—It is essential that antitoxin treatment be given early in the attack. If the patient is really ill, with symptoms that are probably diphtheritic, it is imperative that antitoxin be administered at once without waiting for the bacteriological diagnosis

DYSENTERY.

18 *Spread* —By carriers infecting food and drink, either directly or through the agency of flies Flies are probably the principal agent by which both types of dysentery are spread in India

Bacillary dysentery is the prevailing type in Eastern countries including India and accounts for approximately 80 per cent of all dysentery cases In epidemic form dysentery is invariably bacillary. Amoebic dysentery accounts for approximately 20 per cent of all cases

Bacillary dysentery —The great majority of cases are due to infection with *B dysenterica flexner* Shiga infections appear to account for 15 20 per cent Cases vary from a mild diarrhoea with traces of blood and mucus in the stools (usually flexner infections), to cases very severe in nature (either shiga or flexner infections) Flexner infections are seldom fatal in adults, but tend to relapse more frequently than shiga infections. The microscopic appearance of the

Amoebic dysentery —Due to *Entamoeba histolytica* The mucus is usually acid in reaction and very few cells are present on microscopic examination Beyond the actual presence of *E histolytica* there is nothing characteristic in the cellular exudate of the majority of such cases No cell should be diagnosed as *E histolytica unless it is motile and contains red blood corpuscles* *E histolytica* cysts are not present in the mucus of acute cases

Dysentery group —*In all cases in which a typical bacillary exudate* is absent and in which *E histolytica* is not found af er frequent examinations formed stools during convalescence should be examined for the presence of cysts on several occasions if cysts are not discovered after several examinations the case has probably been of a mild bacillary (Flexner) type Such cases are commonest among Indian troops

No case of dysentery should be diagnosed as other than " dysentery group " unless in the acute stages of the disease the specific bacillus or *E histolytica* cysts has been found or *E histolytica* cysts during convalescence In those cases in which a typical cellular exudate or bacillary dysentery is present, the words " bacillary exudate " should

10 *Preventive measures* —Disinfection will be carried out as indicated in para. 554 All cases of irregular diarrhoea in the tropics should be regarded as possibly dysenteric in nature whether blood and mucus have been seen in the stools or not Particular attention should be paid to protection of food and water supplies, and to al

conservancy arrangements Anti fly measures are of special importance Patients suffering from diarrhoea or dysentery should, as far as circumstances permit be isolated from others Stools of patients must not be left exposed If required for inspection or if sent to the laboratory, they should be kept in fly proof receptacles Attendants on the sick should pay strict attention to personal cleanliness, and should be inspected frequently to ensure that they are not suffering from irregular diarrhoea

No one who has suffered from dysentery or is proved to be a dysentery carrier will be employed in the preparation or handling of food or drink No member of the I, H Corps will however, be discharged from the service as a carrier of amoebic dysentery unless the finding of *E histolytica* cysts has been confirmed in a district laboratory Routine examinations of all such individuals will be carried out as laid down in paragraph 51 of Appendix XIX and paragraph 14 of Appendix XXI

A convalescent from *bacillary* dysentery may be considered "free" if mucus is not found during eight careful consecutive daily *naked eye* examinations of the stools

A convalescent from *amoebic* dysentery may be considered "free" if six negative *microscopic* examinations of the stools commencing three days after the emetine course is completed, have been recorded Stools however should be sent for laboratory examination for cysts once a week for 6 weeks after discharge from hospital

COLLECTION AND DESPATCH OF DYSENTERY SPECIMENS FOR LABORATORY EXAMINATION

The methods to be employed by hospital staffs in connection with the above are of the greatest importance as regards diagnosis Detailed instructions are given in Appendix XXI and should be strictly complied with

ENCEPHALITIS LETHARGICA

20 *Spread*—Probably from mucosa to mucosa in the buccal secretions in a similar manner to cerebro-spinal fever Infectivity is of a low grade instances of multiple associated cases being rare in comparison with individual sporadic cases It may be inferred therefore that carriers of the infection who either do not develop the disease or who suffer with a mild unrecognised attack, are in far greater numbers than the cases discovered

21 *Preventive measures*—The precautions prescribed for cerebro spinal fever should be adopted. Of first importance is the *prevention of overcrowding* and the continuous maintenance of free ventilation in all rooms The patient should be isolated immediate contacts should be kept under surveillance for at least ten days; disinfection will be carried out as indicated in para 5o4

Cases of sore throat should be sought for and appropriately treated

INFLUENZA

22 *Spread*.—By "droplet" infection during speaking and coughing, etc The most important factors in the dissemination of the disease are *overcrowding* and lack of efficient ventilation

23 *Preventive measures*.—Disinfection will be carried out as indicated in para 554 Cases of the disease should be isolated Overcrowding should be prevented in barrack rooms, etc Crowded places of public resort should be avoided Insufflation of the naso-

is evidence that influenza vaccine provides protection and reduces the liability to severe complications

MALARIA

24 *Spread*.—By infected anopheles mosquitoes.

Malaria is the principal cause of sickness amongst the troops in India and consequently of great financial loss to the State Approximately 1 man in 5 suffers from it each year.

Admissions to Hospital.

Year	British troops				Indian Troops			
	Fresh	Relapse	Total	Ratio per 1 000	Fresh	Relapse	Total	Ratio per 1 000
1922	4 093	6 459	10 552	175 4	Not available		25 705	173 9
1923	4 910	5 965	10 875	172 2	5 042	17 604	22 646	159 1
1924	4 515	7 605	12 120	206 9	3 293	14 139	17 432	129 4
1925	3 064	6 060	9 124	159 0	2 616	9 219	11,835	86 7
1926	4 175	5 214	9 389	165 3	3 620	12 022	15 542	115·0
1927	2,934	4,789	7,723	138 8	3 075	10 036	13 111	98 6

25 *Preventive measures*.—An anti malarial medical officer will be appointed by the A D M S at each station in which malaria is prevalent He should have charge of all anti malarial measures and be responsible for the correctness of any malaria statistics and reports that may be called for Approved policy consists of the following measures :—

I. *Withdrawal of troops from malarious stations during the infective season ("Cold Storage")*.—This is an effective measure when facilities

are available Every effort should therefore be made that all hill accommodation is used to the utmost and that troops do not return to malarious stations until the infective season has passed

II. *Mosquito proofing of barracks* —This is a very effective measure and mosquito proofing has now been accepted as an authorised work for British barracks in all malarious stations

III *Anti larval measures* —The question of expense puts many of these out of count, for example, extensive schemes of drainage. But much can be done in lesser ways to diminish malarial incidence, *e g*, by oiling, use of " Paris Green," filling up borrow pits and depressions, minor schemes of drainage, but to be effective all such measures should be based on a malarial survey of the station

Malaria spot maps should therefore be kept showing—

(1) breeding places of vectors.

(2) barrack or room in which fresh cases occur.

The making of borrow pits in cantonments should be strictly forbidden

IV. *Matters of interior economy and discipline in units*—

(1) Proper care and use of mosquito nets.

(2) Full use of fans and punkhas to ensure that there is movement of air inside the nets.

(3) Use of P C oil by men on guard and by men who, owing to transport or other duties after sunset or before sunrise can not be protected otherwise Whenever possible these men should be provided with mosquito veils and gloves

(4) The wearing of proper clothes (not shorts) after sundown.

(5) The advisability of placing known infected areas out of bounds should be considered.

VI. *Propaganda* —The Rockefeller cinematograph film on malaria is circulated amongst malarious stations The film shows in graphic *manner the whole mechanism of infection All officers, other ranks and* families should be given an opportunity of seeing it

Experiments have proved that individuals possessed of full knowledge of the method of transmission of malaria from man to man by the bites of mosquitoes can make such effective use of methods of personal protection as to remain free from infection.

It is therefore of great importance that all ranks should be educated in this subject.

Lectures.—During the months preceding the malarial season lectures should be given to officers and other ranks and should be accompanied by demonstration of mosquito eggs, larvae, pupae and adults, diagrams showing the sporozoites in the pharynx of the mosquito, etc. Perfunctory lectures are of little use, and the aim should be to *teach* in such a way that every man has a real knowledge of the subject.

VII. *Malaria carriers*.—While malignant tertian malaria can be cured in the great majority of cases, the effective eradication of the parasite from benign tertian cases is notoriously difficult. In heavily infected units systematic search should be made by examination of blood films in order to detect carriers, and special means should be taken to render them harmless, *e.g.*, removal to hill stations, quinine treatment, careful use of mosquito nets, etc.

MEASLES AND RUBELLA

26. *Spread*.—By direct personal infection: the virus dies as soon as it is completely dry. Infectivity is greatest in the early prodromal stage of the disease and continues until the catarrhal stage is over.

27. *Preventive measures*.—In the presence of an epidemic, troops should be kept under daily observation with a view to the prompt detection and segregation of cases of coryza. When a case of measles occurs, contacts should be examined daily from the 7th to the 14th day; in the case of rubella from the 7th to the 23rd day but their segregation is not considered necessary. Disinfection will be carried out as indicated in para. 554.

MEDITERRANEAN OR UNDULANT FEVER

28. *Spread*.—Almost entirely by the ingestion of milk and milk products from infected goats. Certain cheeses manufactured from the milk of sheep have also been found infected.

29. *Preventive measures*.—Disinfection will be carried out as indicated in para. 554. In case of outbreaks not only milk itself but butter, cheese, and other milk products in which bacteria have not been killed by heat require investigation. The use of any fresh milk, or butter and cheese made from it, should be entirely prohibited in infected areas.

The urine of patients at times contains the causative organism and should be disinfected as a routine measure.

MUMPS

30. *Spread*.—By direct "droplet" infection or by infected utensils.

31. *Preventive measures*.—The patient should be rigidly isolated. This should be carried out with special promptitude in susceptible Indian units, in which mumps assumes epidemic proportions with extreme rapidity. Disinfection will be carried out as indicated in para. 554.

Contacts should be medically examined daily for 22 days.

Children of infected families should be kept from attending school for 22 days

Plague.

32 *Spread*—*Bubonic plague* is a disease of rodents and is transmitted to man by means of infected fleas Epidemics in human beings are preceded by high mortality in rodents The spread of the disease follows trade routes infected fleas and rats being conveyed in personal belongings and food stuffs Fleas have been shown to be infected for a period of six weeks

Pneumonic plague though caused by the same organism, is intensely and directly infectious from man to man by means of droplet infection as in coughing talking etc

Septicaemic plague also occurs Diagnosis is sometimes difficult owing to its rapidly fatal course

33 *Preventive measures*—I Bubonic plague—Systematic rat destruction rat proofing of grain godowns and food stores Evacuation of rat infested quarters

Patients should be isolated and disinfestation as indicated in para. 5a I carried out at the earliest opportunity contacts should be disinfested and medically examined daily for 10 days

Men disinfesting or working in infected houses should wear overalls fitting tightly at the wrists and ankles gumboots gauntlet gloves and caps These should be disinfected and disinfested daily

Effective measures for the treatment of quarters are as follows —

(a) By burning mealie straw (patai) the straw is spread on the earth floor to a depth not exceeding 4 inches and is then ignited, the resulting sheet of flame which does not exceed 2 feet in height effectively destroys all fleas

(b) Floors may be coated with one of the following emulsions —

(i) Hard soap 1 lb (or soft soap 1½ lbs) dissolved in hot water 1 gallon and made up to 5 gallons by crude kerosene added gradually with continued heating and shaking

(ii) Cresol 5 parts and soft soap 20 parts added gradually to 75 parts of continuously shaken hot water

(c) Textiles may be freed from fleas by spreading flat in a tropical sun at midday for an hour

II *Pneumonic Plague*—Both patients and attendants should wear masks impregnated with disinfectant Sputum should be received in an antiseptic solution and destroyed.

All attendants should be given 20 c c of anti plague serum immediately and should be simultaneously injected with plague vaccine, a second dose being given 10 days later All cuts and wounds should be carefully protected.

Contacts should be strictly isolated and inspected daily for at least 6 days

III *General preventive measures on an outbreak of plague* —When plague exists in the immediate neighbourhood of troops the senior executive medical officer must take prompt steps to obtain information of all cases occurring Communication between infected and non infected places should be restricted Medical examination of units should be carried out with a view to the discovery of ambulant cases

IV *Measures against rats, etc* —The prevalence of plague either within a military cantonment or in the villages and towns in its vicinity calls for the careful and thorough extermination of rats In conjunction with the M E S and the cantonment authority every endeavour should be made to destroy rats by trapping and baiting Dead or dying rats should not be handled except with a pair of tongs or similar appliance and the bodies should be dropped at once into a strong solution of cresol The microscopical examination of dead rats is most important as a guide to the prevalence of the disease among them

V *Evacuation of lines etc* —The occurrence of plague cases among troops must not be regarded as necessarily involving migration of the whole unit into camp When the condition of the lines is bad and such as to offer reasons to believe that the buildings contain infected rodents immediate evacuation is indicated coupled with a thorough overhaul and disinfection of all clothing and bedding

VI *Inoculations* —The value of plague inoculation during epidemics must be remembered and when a number of cases have occurred or a unit or group of units is seriously affected, every endeavour should be made by the O C hospital concerned in conjunction with Os C units to encourage men and all likely to be exposed to plague infection to submit to the procedure It is undesirable to press anti plague inoculation on the occurrence of a single case or even a few isolated cases in a unit It should be invariably carried out for persons actively engaged in anti plague work, who also need the same protective measures as attendants

RABIES

34 *Spread* —The causal agent is so far unknown It is a filter passing virus and remains infective for long periods in glycerin Spread is by the bite of rabid animals, usually a dog

Infection is by means of the saliva, the virus being implanted on to a nerve ending or nerve tissues by a bite or through an abrasion of the skin or mucous membrane The saliva of a rabid animal may be infective for as long as 10 days before symptoms declare themselves, observation of the animal for a period of 10 days will always decide whether it was rabid at the time of biting or not, as if at the end of 10 days the dog is alive and well it cannot have been rabid at the time of biting

The incubation period in man varies in accordance with the severity and site of the wound In lacerated wounds of the face the incubation period may be very short

The incubation period varies in the dog from about 16 to 90 days The majority of cases in the dog show symptoms between the 25th and 55th day after the bite The symptoms of rabies in dogs are often indefinite, but it is wise to assume rabies (1) if the disease is of short duration (2) in cases of "bone in the throat" or paralysis of the jaw or hind legs (3) in cases of unprovoked attack especially where several persons are bitten

35 *Preventive measures*—The individual patient—Wash dry and thoroughly cauterise the wound Pure carbolic acid is best, failing this nitric acid, silver nitrate, potassium permanganate crystals, etc Persons bitten by rabid or suspected rabid animals in the following circumstances should undergo anti rabic treatment —

(1) Persons bitten by a rabid or suspected rabid or unknown animal

(2) Persons licked by a rabid or suspected rabid animal on fresh cuts or abrasions (less than 48 hours old)

(3) Persons—

(a) bitten on head or neck,

(b) badly bitten elsewhere (i e, with many deep or extensive bites) by any animal, whether suspected of rabies or apparently healthy Treatment can be suspended later if it transpires that the animal remained alive and well for 10 full days

(4) Persons bitten—or licked on fresh cuts or abrasions—but not coming within (1), (2) or (3) above need not be sent immediately for treatment If the animal however falls ill during the ten days of observation, the persons bitten—or licked on fresh cuts or abrasions—should be treated.

(5) In any case of doubt a detailed telegram will be sent to the Pasteur Institute asking for advice

The animal—All details concerning the animal will be sent with the patient to the Pasteur Institute (I A F M 1247)

The animal should not as a rule be killed unless, or until, it shows symptoms of rabies, but should be kept under observation If killed the brain should be sent to the Pasteur Institute, similarly if at the end of 10 days observation the dog is fit and well the institute should be immediately informed.

A. *Inspection by Veterinary Officers*—veterinary officers will readily give an opinion on dogs suspected of rabies, the property of officers and soldiers, although such inspection forms no part of their military duties The following rules in connection with such inspections will be carefully observed —

(a) Suspected dogs are not to be taken to a veterinary hospital for an opinion unless they are properly secured with a

strong collar and chain , full particulars such as name of person bitten, date of bite, etc , signed by an officer should always accompany them to enable veterinary officers to supply necessary information to the Pasteur Institute concerned, *vide* I A F M 1247

(*b*) No dogs will be taken to a Veterinary officer's private residence without his permission

(*c*) No suspected dogs will be kept in veterinary hospitals to the danger of the staff and government animals These buildings are not adapted nor intended for isolation purposes, and the danger to valuable horses, etc , is serious in the event of a rabid dog breaking loose Neither can arrangements be made by veterinary officers for the feed ing and exercising of suspected dogs

In cases where destruction is deemed necessary the veterinary officer will communicate with the Officer Commanding the unit to which the owner of the dog belongs, who will make necessary arrangements for its destruction

For method of dealing with the brain of a dog suspected of suffering from rabies see Appendix XXI

3 *General measures* —These should include the licensing of all [illegible]

rabid animal should be destroyed Animals suspected to be rabid should be kept securely chained up for 10 days and be seen by a veteri nary surgeon

4 *Rules for the guidance of patients proceeding for anti rabic treat ment to the Pasteur Institutes in India and Burma* —(i) The following are the Pasteur Institutes in India and Burma to which patients may be sent for anti rabic treatment —

The Pasteur Institute Kasauli

The Pasteur Institute Shillong (British officers and their families, lady nurses and Indian ranks only)

The Pasteur Institute, Coonoor

The Pasteur Institute, Rangoon

The Pasteur Institute School of Tropical Medicine and Hygiene, Calcutta

The Pasteur Institute, Lahore.

(ii) The rules governing conveyance of military patients are laid down in Passage Regs , India Particular attention is drawn to the rule authorising contract second and third class passengers to travel for anti rabic treatment by mail train

(iii) The despatching officer will wire commencing with the letters A R T (anti rabic treatment) to the O C station and Superintendent,

the Pasteur Institute, full particulars as to name, rank, sex of each patient being despatched for treatment and will state the date and time of arrival

On arrival military patients will report themselves to the O C station and at the Institute

(iv) *Accommodation* —British officers, their families and members of the military nursing services make their own arrangements for accommodation

B O Rs and their families are accommodated in barracks

I.O Rs and followers and their families are accommodated usually at the Institute—but at the Indian lines in the case of Rangoon Shillong and Calcutta

Military anti rabic treatment centres are established at the following stations —

Northern Command
Rawalpindi (and Murree)

Western Command
Quetta.

Eastern Command
Jhansi

Southern Command
Mhow
Jubbulpore
Nasirabad
Poona
Secunderabad
Colaba (Bombay)
Bangalore
Ahmednagar
Belgaum
Wellington

There is no objection to the administration of anti rabic treatment in any military hospital selected by the Deputy Director of Medical Services of the Command, provided that carbolised vaccine can be obtained

The rules concerning these centres are published in local orders from time to time.

NOTE —Further information on the Pasteur Institutes will be found in the pamphlet Rabies and anti rabic treatment in India published by the Government Printing Press Calcutta

RELAPSING FEVER.

36 *Spread* —By lice or ticks (In the case of ticks the minute immature forms are as dangerous as the adults)

37 *Preventive measures* —The measures described in relation to lice, under typhus fever, are applicable to this disease Isolation of patients and disinfestation of clothing and bedding

SANDFLY (PHLEBOTOMUS) FEVER

[illegible] is believed to be a spirochæte

39 *Preventive measures*—Destruction of the adults by flame by swatting or by fumigation The flies breed in low cracks in walls and nullahs, etc These should be dealt with in such a way as to prevent breeding

SCARLET FEVER

40 *Spread*—By "droplet" infection and by bedding, clothing and personal belongings, etc, occasionally by milk The danger of slight cases with transitory symptoms must not be overlooked

41 *Preventive measures*—Disinfection will be carried out as indicated in para 554 Isolation of convalescents should be maintained for a minimum period of six weeks from onset, and until any nasal or aural discharge ceases In the presence of an epidemic, all cases of sore throat should be isolated for three days Contacts should be inspected daily for ten days after exposure to infection Cups and other drinking utensils in huts, messes, etc, should be sterilized by immersion in boiling water after ordinary washing has been completed.

SMALL POX

42 *Spread*—Small pox is intensely infectious to non immunes. Infection is by personal contact or by clothing bedding and personal belongings, etc, also probably by flies, and is said to be carried to a considerable distance by currents of air Convalescents are infectious as long as any scabs or scales remain on their skins

43 *Preventive measures*—Patients must be isolated immediately in isolation hospital tents or huts

Attendants and nurses should be vaccinated Contacts should be immediately segregated and re vaccinated and segregated for three weeks, unless successful vaccination meanwhile proves that they are protected from the disease In the presence of an outbreak all persons suffering from fever should be isolated for four days, and special search made for any eruptions on them of a papular or vesicular character, the occurrence of such eruptions should call for the most careful investigation at all times Special attention should be paid [illegible]

other quarters used for their accommodation as well as any vehicles which might have become infected should also be disinfected

Infected areas should be placed out of bounds With suspects the complete procedure as for proved cases must be carried out.

the Pasteur Institute, full particulars as to name, rank, sex of each patient being despatched for treatment and will state the date and time of arrival

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SANDFLY (PHLEBOTOMUS) FEVER

38 *Spread*.—By one or more species of the genus Phlebotomus As these insects pass the winter in their larval stage sandfly fever is a disease of the summer months The infective agent is unknown, but is believed to be a spirochæte

39 *Preventive measures*.—Destruction of the adults by flame by swatting or by fumigation The flies breed in low cracks in walls and nullahs, etc These should be dealt with in such a way as to prevent breeding

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40 *Spread*.—By droplet infection and by bedding clothing and personal belongings etc occasionally by milk The danger of slight cases with transitory symptoms must not be overlooked

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43 *Preventive measures*.—Patients must be isolated immediately in isolation hospital tents or huts

Attendants and nurses should be vaccinated Contacts should be immediately segregated and re vaccinated and segregated for three weeks unless successful vaccination meanwhile proves that they are protected from the disease In the presence of an outbreak all persons suffering from fever should be isolated for four days and special search made for any eruptions on them of a papular or vesicular character the occurrence of such eruptions should call for the most careful investigation at all times Special attention should be paid to the health of personnel employed and to the conditions obtaining in all places where military clothing is washed made or repaired Immediate disinfection in connection with small pox is of great importance, and will be carried out as indicated in para 554 The clothing bedding and personal belongings of contacts and attendants and all tents or other quarters used for their accommodation as well as any vehicles which might have become infected should also be disinfected

Infected areas should be placed out of bounds With suspects the complete procedure as for proved cases must be carried out

the Pasteur Institute, full particulars as to name, rank, sex of each patient being despatched for treatment and will state the date and time of arrival

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37 *Preventive measures*.—The measures described in relation to lice under typhus fever are applicable to this disease Isolation of patients and disinfestation of clothing and bedding

49 *Preventive measures*.—Disinfection will be carried out as indicated in para 554 Must be based principally on the early diagnosis and segregation of cases of consumption

General preventive measures include the cleansing of barrack rooms in such a manner as to obviate the raising of dust, and the prohibition of dry scrubbing attention to over crowding or defective ventilation especially in tents Cases of coughs debility or loss of weight especially among Indian troops should be investigated

TYPHOID AND PARATYPHOID FEVERS

50 *Spread*.—Infection may be carried in a number of ways, either in food or water infected with the specific micro organism by acute or chronic carriers ' or through the medium of flies Sudden and explosive epidemics may be due to water which has been fouled by sewage containing the specific bacilli, smaller outbreaks and those developing slowly are more commonly due to contamination of food or milk

About 1 5 per cent of cases of these fevers continue to excrete the germ for years after recovering from the disease and while in apparently perfect health Many outbreaks have been traced to such chronic carriers Cases of these diseases also occur of so mild a nature that the persons attacked do not report sick Such cases are potent factors for infection as they may distribute the specific germs broad cast

51 *Preventive measures*.—Disinfection will be carried out as indicated in para 554 The chief preventive measures consist in protective inoculation and in the discovery and isolation of the carrier and the undetected case With this object in view all cooks, water carriers, dairy men and bakers will have their stools bacteriologically examined before enlistment Dates of examination of all cooks and cookmates will be available for inspection in cookhouses, etc

No one who has suffered from typhoid or paratyphoid fever or who is proved to be a "carrier" will be employed in the preparation or handling of food or drink

Food which is stored before issue should be adequately protected from flies and dust, milk and butter must be especially safeguarded, the former being a favourable medium for the growth of germs The safe disposal or destruction of excreta is of particular importance

52 *Classification*.—(*a*) The classification of the Enteric group of fevers is as follows —

Typhoid Fever
,, Carrier
Paratyphoid fever "A."
,, ,, "B"
,, ,, "C."
,, ,, "A" carrier
,, ,, "B" carrier
,, ,, "C" carrier
Enteric group

TETANUS

44. *Spread* —By the infection of wounds of the tissues by fæcally contaminated soil

Tetanus may also occur where there is no apparent lesion of the skin, as in trench foot, some of the most rapidly fatal cases of tetanus during the Great War occurred in such cases, the dead epithelium offering no bar to the entrance of spores or bacilli, and the dead tissues affording an excellent pabulum for the growth of the organism

Both men and animals, particularly the horse, may be intestinal carriers of the spores of this bacillus Thus tetanus is most prevalent where the soil is heavily manured. In human carriers, tetanus has occurred after abdominal and other operations

45 *Preventive measures* —In all cases of wounds, especially those which are contaminated with earth, prophylactic doses of anti tetanic serum should be given as follows —

		Units
1	At once	1,500
2	7 days later	500
3	7 days later	500
4	7 days later	500

The wound should be thoroughly cleansed and any dead tissues removed. Before operation on old gunshot wounds it is advisable to give a prophylactic dose of anti tetanic serum

TRENCH FEVER.

46 *Spread* —The disease is carried from man to man by lice, infection is introduced either by bites or by inoculation of louse excrement through scratching, or by the infection of wounds with dried louse fæces

47 *Preventive measures* —The measures for the prevention of this disease are similar to those described under typhus fever As it has been shown that louse excreta may remain infective on blankets or clothing for a period of three months or more, steps should be taken, under conditions of active service, to disinfect such articles before they are again taken into use or returned to store Abrasions on the hands of personnel employed in stores, where such articles are dealt with, should be protected.

TUBERCULOSIS

48 *Spread* —Among adults chiefly by the spray ejected when phthisical subjects cough, and by their desiccated sputum floating about in the form of dust, is greatly favoured by malnutrition overcrowding poor ventilation, damp and lack of sunlight, and by such practices as dry scrubbing of barrack rooms

The forms of tuberculosis affecting children are frequently conveyed by infected milk.

49 *Preventive measures*—Disinfection will be carried out as indicated in para 554 Must be based principally on the early diagnosis and segregation of cases of consumption

General preventive measures include the cleansing of barrack rooms in such a manner as to obviate the raising of dust, and the

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51 *Preventive measures*—Disinfection will be carried out as indicated in para 554 The chief preventive measures consist in protective inoculation and in the discovery and isolation of the carrier and the undetected case With this object in view all cooks, water carriers, dairy men and bakers will have their stools bacteriologically examined before enlistment Dates of examination of all cooks and cookmates will be available for inspection in cookhouses etc

No one who has suffered from typhoid or paratyphoid fever or who is proved to be a "carrier" will be employed in the preparation or handling of food or drink.

Food which is stored before issue should be adequately protected from flies and dust, milk and butter must be especially safeguarded, the former being a favourable medium for the growth of germs The safe disposal or destruction of excreta is of particular importance

52 *Classification*—(a) The classification of the Enteric group of fevers is as follows —

Typhoid Fever
,, Carrier
Paratyphoid fever "A."
,, ,, "B"
,, ,, "C."
,, ,, "A" carrier
,, ,, "B" carrier
,, ,, "C" carrier
Enteric group.

(b) The diagnosis of the first eight will be made only on the isolation of the specific organism while the last will be reserved for cases diagnosed on a rising Widal reaction or in which a specific organism has not been isolated but whose history, onset and clinical course, are suspicious

It is pointed out that, from a scientific point of view, the diagnosis "Enteric group" cannot be considered satisfactory, and its introduction in no way relieves officers in charge of cases of their responsibility for ensuring that every laboratory method is used before the case is so returned

(c) The diagnosis "Enteric Group (B. fæcalis alkaligenes)" will be made only in those cases in which B. fæcalis alkaligenes is isolated from the blood and in which the patient's serum shows agglutinins for this bacillus

53. *Diagnosis*.—The following is the procedure to be followed:—

(a) Clinical methods.—In all cases of pyrexia for which there is no immediately obvious cause (such as lobar pneumonia, acute tonsillitis etc.) the following procedure will invariably be adopted

(i) Immediately on admission to hospital a blood film will be made and examined for malarial parasites. If negative, a second film will be taken on the following day and examined at once

(ii) If pyrexia persists and the blood film taken on the day after admission is again negative for malarial parasites a blood culture should be taken by the medical officer in charge of the case. Bile media should be available in every hospital, and will be supplied from the nearest laboratory. The earlier in the disease the blood culture is taken the greater the likelihood of recovering the specific organism, every attempt should therefore be made to take a blood culture *early in the course of the disease*. If a report is received from the laboratory that the blood culture is sterile or contaminated, a further blood culture should be taken unless the temperature has become normal meanwhile. Such reports should be sent by laboratories to hospitals as early as possible and to outstations by telegram

The days on which serum for Widal reactions and specimens of fæces and urine will be despatched to the laboratory are laid down in Appendix XXI

(iii) Differential and total leucocyte counts should be carried out in all cases.

(b) Laboratory diagnosis—

(a) No organism should be diagnosed as of the enteric group without definite serological proof of its identity

(b) Drever s method of agglutination is to be employed for all agglutination tests, and the results expressed n standard agglutinin units It should be noted that tl results of Widal tests between the 18th and 24th day from onset of

(c) Confirmation of laboratory diagnosis (i) As a check on the accuracy of diagnosis a subculture of any supposed enteric organism recovered in a laboratory will be forwarded for confirmation to the Enteric Laboratory Kasauli

(ii) Such subcultures will be forwarded to the officer in charge of the Enteric Laboratory Kasauli as indicated in sub paragraph (vi) below who will keep a register of all subcultures and will examine and classify them and report the result of the examination without delay to the officer from whom the subculture has been received

(iii) Officers sending subcultures of organisms recovered from blood or excreta of patients to the Enteric Laboratory, Kasauli for confirmation will maintain subcultures of such organisms until a report has been received on the original subculture sent there

(iv) Any change in diagnosis considered necessary as the result of confirmatory bacteriological examination will be noted on all relevant documents.

(v) The diagnosis of a case based on the isolation of an organism from the blood should not be changed on account of subsequent recovery of a different organism from the excreta of the same patient

(vi) Subcultures should be in agar stabs and the tubes should be sealed and securely packed for transmission through the post Each should be accompanied by I A F M 1265 D

54 — Management and Disposal of Convalescents

(A) British W Os , N C Os and men

(i) With the exception of cases occurring in Burma, every case of typhoid paratyphoid or enteric group fever (except cases of infection with B faecalis alkaligenes) will be transferred to the Hill Depôt, Kasauli as soon as possible after recovery Such cases before transfer must be fit to travel and no longer require active medical surgical or dietetic treatment Cases occurring in Burma will be transferred to Maymyo

(ii) On the departure of a convalescent to the Hill Depot, Kasauli, or to Maymyo the following documents will in every case be posted

(b) The diagnosis of the first eight will be made only on the isolation of the specific organism while the last will be reserved for cases diagnosed on a rising Widal reaction, or in which a specific organism has not been isolated but whose history onset and clinical course are suspicious

It is pointed out that from a scientific point of view, the diagnosis 'Enteric group' cannot be considered satisfactory, and its introduction in no way relieves officers in charge of cases of their responsibility for ensuring that every laboratory method is used before the case is so returned

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(a) No organism should be diagnosed as of the enteric group without definite serological proof of its identity

(b) D [illegible]

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(ii) Such subcultures will be forwarded to the officer in charge of the Enteric Laboratory, Kasauli as indicated in sub-paragraph (vi) below, who will keep a register of all subcultures, and will examine and classify them and report the result of the examination without delay to the officer from whom the subculture has been received

(iii) Officers sending subcultures of organisms, recovered from blood or excreta of patients, to the Enteric Laboratory, Kasauli for confirmation will maintain subcultures of such organisms until a report has been received on the original subculture sent there

(iv) Any change in diagnosis considered necessary as the result of confirmatory bacteriological examination will be noted on all relevant documents.

(v) The diagnosis of a case based on the isolation of an organism from the blood should not be changed on account of subsequent recovery of a different organism from the excreta of the same patient.

(vi) Subcultures should be in agar stabs, and the tubes should be sealed and securely packed for transmission through the post Each should be accompanied by I. A F M-1265 D.

54 —*Management and Disposal of Convalescents.*

(A) British W. Os, N C Os and men

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(ii) On the departure of a convalescent to the Hill Depôt, Kasauli, or to Maymyo the following documents will in every case be posted

direct to the officer in charge of the Enteric Laboratory, Kasauli (officer in charge District Laboratory in the case of Maymyo)

(a) A F B 181, Clinical Chart

(b) A F B 178, Medical History Sheet.

(c) A F I 1237, Medical Case Sheet

(d) I A F M 1265B, Malaria Case Sheet (if under treatment for malaria)

(e) A F I 3056 Special report on a case of fever of the enteric group

(iii) On arrival at the Hill Depôt, Kasauli or at Maymyo each man will be placed as soon as possible upon a course of bacteriological examinations of both fæces and urine Normally this will consist of 30 examinations of each viz, five per week for a period of 6 weeks As soon as tests have been completed A F I 3056 (special report on a case of fever of the enteric group) with the remarks of the officer in charge of the Enteric Laboratory Kasauli or District Laboratory, Maymyo regarding the bacteriological and serological findings *entered thereon will be returned to the O C military hospital con* cerned who will forward it without delay to the Director of Medical Services in India through the usual channels Necessary changes of diagnosis will be made by the D M S in India and notified by him to all concerned.

Men relapsing will also be admitted to hospital, on discharge therefrom the series of examinations mentioned above will be com menced *de novo*

(iv) At the beginning of each month the officer in charge of the Enteric Laboratory, Kasauli and the officer in charge of the District Laboratory, Maymyo will submit nominal rolls of (a) men comm encing and completing examination during the previous month and (b) carriers detected during the previous month, and (c) of those remaining under examination on the last day of the month giving the following particulars —

(1) No, (2) rank, (3) name, (4) station from which received, (5) diagnosis at own station, (6) date of arrival (7) positive findings with dates (8) final diagnosis and (9) remarks if any These returns will be sent direct to the D M S in India.

(v) A ' carrier ' will be held to remain a carrier until at least 20 negative examinations have been made since the time when enteric organisms were last found

(vi) All "carriers" detected will at once be admitted to hospital.

(vii) A carrier becomes, for statistical and invaliding purposes a "chronic carrier" if he continues to excrete enteric organisms persistently or intermittently up to a period of six months from the date of arrival for examination

(viii) A "chronic carrier" as defined above will be brought before a medical board and invalided to the United Kingdom Army

Form B 178 will be endorsed in red with capital letters "CHRONIC CARRIER, B TYPHOSUS" (Para A or Para B or Para C as the case may be) In every instance the fact that the invalid is a chronic carrier will be noted on I A F (Medical) 6 in red ink

(xi) When a man is discharged from the depôt as free from infection, his medical history sheet (A F B 178) with notes as to the number of examinations carried out and the result endorsed thereon, will be returned to the officer commanding military hospital, at the station to which he will travel to join his unit

(xii) Instructions when travelling —Convalescent travelling to Kasauli or Maymyo will be advised of the risk ensuing to the community if precautions are not taken to avoid fouling of station and carriage lavatories, etc They should be instructed to be scrupulously careful to wash their hands immediately after using latrines or urinals Similar instructions should be issued to chronic carriers

(xiii) No soldier is to be invalided out of India until declared free from infection or pronounced a 'chronic carrier' Where a soldier is due for discharge from the service, however, on the termination of his period of engagement, he will not be retained in India [illegible]

[illegible]

as in sub paragraph (x) above

(B) Officers (British)

British officers convalescent from enteric will not be sent to Kasauli or Maymyo

Such officers will be placed on a course of 30 examinations (5 per week for 6 weeks) during convalescence In stations in which no military laboratory is situated specimens for examination will be forwarded to the District Laboratory concerned in accordance with the instructions laid down in Appendix XXI An officer who is found to be a carrier will be at once admitted to hospital.

(C) Indian Troops

[illegible]

latter examinations

TYPHUS FEVER

55 *Spread* —Typhus fever is especially liable to break out among troops under active service conditions Infection is carried by lice

56 *Preventive measures* —Patients should be isolated immediately, and be completely freed from lice and their ova before admission to the wards, disinfestation will be carried out as indicated in para 554 Reinfestation must be prevented. Medical officers and attendants on the sick should undergo disinfestation every day They should wear overalls fitting tightly at the neck wrists and ankles, long gloves and close fitting caps Contacts should be freed from lice and have their clothing disinfested They should be kept under daily medical observation for a period of 22 days (10 days for incubation in the louse *plus* 12 days for the patient) Effective disinfestation renders segregation unnecessary When troops are exposed to the risk of

proceed whenever possible, to a new clean camp Special attention should be paid to refugees and no unauthorised persons should enter the military area The periodical disinfestation of vehicles is necessary Infective areas should be placed out of bounds and contact with local inhabitants should be avoided as much as possible

WHOOPING COUGH

57 *Spread* —By direct "droplet" infection or by infected utensils

58 *Preventive measures* —The patient should be isolated for a minimum of 6 weeks from the onset Disinfection will be carried out as indicated in para 554

Contacts should be kept under daily medical inspection for 16 days and children of infected families should be excluded from school for a similar period

APPENDIX XX.

DISINFECTANT AND OTHER SOLUTIONS.

The following standard strengths are prescribed —

(1) *Chlorinated limewash*

Chlorinated lime (B P)	2 ozs
Quicklime	¾ gall
Water to	1 gall

(2) *Cresol Emulsion (1 in 160)*

Saponified cresol .	1 oz
Water to	1 gall

When disinfection of textiles must be effected in 30 minutes, the above amount of cresol must be increased to 2⅔ ozs (1 in 60)

When liq cresoli saponatus is required to be used with sea or brackish water, it should first be emulsified with 5 to 10 times its bulk of fresh water, and then added to the required amount of sea water

(3) *Corrosive sublimate solution (0 1 per cent)*

Corrosive sublimate (mercuric chloride)	70 grs
Hydrochloric acid . .	3 drs
Water to	1 gall

The solution should be tinted with a sufficiency of commercial aniline blue (about one grain to the gallon) to make it of a distinctive colour Mercuric chloride solution must not be stored or used in metal vessels

(4) *Formaldehyde solution*

40 per cent formaldehyde solution (formalin)	8 ozs
Water to	1 gall

One gallon should be used for every 400 square feet of surface to be disinfected

(5) *P C Oil*

	parts
Citronella oil	1½
Kerosene	1
Cocoanut oil	2

to which is added Carbolic acid 1 per cent.

(6) Formaldehyde gas

The gas may be produced by vaporizing paraform tablets 26 to each 1 000 cubic feet or by pouring formalin on to potassium per manganate, ½ pint to 5 ozs per 1 000 cubic feet

A temperature of 75°F and a humidity of 75 is necessary for maximum efficiency

(7) Cresol and soft soap emulsion for fleas

	parts
Cresol	5
Soft soap	20
Water	75

The cresol and soft soap are added to the *hot* water with continuous stirring For use make a 5 per cent solution with water

(8) Paraffin and soft soap emulsion for fleas

Hard soap	1 lb. *(or soft* soap 1¼ lbs).
Paraffin oil	4 gallons
Hot water	1 gallon

Dissolve the soap in the hot water add very gradually the paraffin oil with continuous stirring For use make a 5 per cent solution with water

APPENDIX XXI.

INSTRUCTIONS FOR SENDING SAMPLES OR SPECIMENS FOR CHEMICAL AND BACTERIOLOGICAL EXAMINATION.

A WATER

[illegible]

In the case of an unprotected supply, such as an open well or river, the condition as regards contamination may vary from day to day or even from hour to hour in such cases more reliance should be placed on a thorough and careful inspection of the source and surroundings than on analysis

The scope of bacteriological analysis is rather wider than that of chemical analysis, since it may provide definite information as to the presence or absence of certain specific pathogenic organisms, *e g*, cholera

2 *Receptacles and carriers*—

(*a*) *Samples for chemical examination* should measure at least half a gallon, and should be forwarded in "Winchester quart" bottles which contain that amount when full.

Should these not be available other glass stoppered bottles may be used Corks should only be used in emergencies, when they should be quite new, and well secured by string and sealing wax

In all cases when its absolute cleanliness is in doubt, the bottle must be rinsed out with strong sulphuric acid, the last traces of which must subsequently be removed by repeated rinsings with the water to be examined A final rinsing must always be made immediately before taking the sample

(*b*) *Samples for bacteriological purposes* must be forwarded in sterile bottles Glass stoppered bottles, to contain not less than 6 ounces, may be used

3 *The taking of samples* will be carried out under the direct personal supervision of a medical officer detailed for the purpose, who will be responsible that the following directions are observed.

Great care must be taken that a fair average sample of the supply is collected and submitted. In the case of piped supplies, samples should be taken direct from the mains as well as from delivery taps in houses Samples for chemical and bacteriological examination from any individual source must be taken at the same point and at the same time

(*a*) *Chemical samples*—If possible, without disturbing any sediment that may be present bottles should be filled while fully submerged—thus avoiding scum. Piped water

should be allowed to run to waste freely, so that impurities in the pipe lumen may be washed out before a sample is taken

(*b*) *Bacteriological samples*.—The following additional precautions are necessary:—

(i) If sampling from a tap flame the tap for a minute and then let the water run to waste for three minutes before taking the sample.

(ii) Before opening the sterilized bottle, flame its neck and stopper by means of a spirit lamp. With a similarly sterilized pair of forceps, remove the stopper and hold it thus until, after a final passage through the flame, it is replaced in the bottle, which should meanwhile have been completely filled so that no bubble of air is finally retained.

(iii) Pack the bottles in a box with ice and saw dust, or with dry saw dust if no ice is obtainable.

4. *Transmission of samples and particulars*.—To enable it to be identified each sample should be securely labelled, giving full particulars regarding its source.

Samples will always be forwarded by the most expeditious route. Those for bacteriological examination should reach the laboratory within 48 hours of collection. Except in cases of emergency they should not arrive on a Saturday or Sunday.

Full particulars embodying information on the following points must be despatched at the same time as, but separately from, the samples:—

(i) The reasons for, and the exact nature of, the examination required.

(ii) Date and hour of sampling.

(iii) Nature and location of source of water, and site of sampling.

(iv) Nature and distance of any source whence an inflow of pollution appears probable.

(v) Geological strata (as far as readily ascertainable) likely to affect the water constituents.

(vi) If the source be a well, depth to water, depth of water steining, coping, covering, strata penetrated, method of raising water.

(vii) If a stored surface-water—nature of collecting surface and conditions of storage.

(viii) Meteorological conditions, with reference to recent drought or heavy rainfall.

(ix) Any treatment the water has received which may alter its constituents, *e.g.*, clarification, chlorination, softening or boiling.

B.—FOOD AND BEVERAGES

1 Bacteriological and chemical analysis of foodstuffs and beverages are carried out at the Military Food Laboratory, Kasauli

2 The following foodstuffs and beverages only may be sent for examination to District or Brigade Laboratories and no others except in cases of unusual urgency—i e, fresh flesh food fresh vegetables, fresh petty supplies milk drinking water mineral waters ice As a general rule in District and Brigade Laboratories chemical analyses, except of milk are not carried out

3 The submission of samples in connection with contracts or routine examination of Supply Officers stocks is dealt with in the Standing Orders of the I A S Corps

In the case of analyses carried out in connection with contracts, reports will be forwarded to the officer on whose behalf the sample is submitted, a copy being sent to the Director of Contracts, Army Head quarters In the case of analyses for the routine examination of Supply Officers stocks, reports will be forwarded to the Officer Commanding the Supply Depot Company concerned

4 Samples other than those referred to in para 3 above, should be taken under the direct personal supervision of a medical officer detailed for the purpose, and he will be responsible for ensuring that the directions contained in the following paragraphs are carried out

5 In the collection of samples special care is necessary, in every case to ensure that a fair average of the substance is obtained, e g, both the crust and crumb of bread and the rind and interior of cheese, should be included In the case of milk, the supply should be thoroughly mixed by stirring or pouring from one receptacle to another before the sample is taken

6 The original container should be forwarded unopened, if possible. Otherwise if practicable, it should be forwarded with the sample

Articles not packed in original containers should be packed as follows —

(a) *Liquids* —In clean glass stoppered bottles of such a size that the sample completely fills the bottle.

(b) *Solids* —In clean biscuit or other suitable tins

(c) *Semi solids* —As in either (a) or (b) above according to which may be more suitable, or in clean earthenware jars fitted with clean bungs.

(d) Samples for bacteriological examination should be packed (with sterile precautions) in sterile glass-stoppered bottles.

The use of paper or other packing inside the receptacle in which any of these samples are forwarded is prohibited, except when the sample is contained in its original wrapper

7 The minimum quantities which should be sent for examination are as follows —

Milk . . .	6 ozs
Condensed milk . . .	1 tin
Dried milk, milk foods, etc .	2 ozs
Butter, margarine, ghi, etc.	4 ozs.
Cheese . .	4 ozs.
Bread	8 ozs
Biscuits . .	8 ozs
Flour	4 ozs.
Oatmeal .	2 ozs.
Atta .	4 ozs.
Rice	4 ozs.
Tea .	2 ozs.
Coffee	4 ozs.
Cocoa	2 ozs.
Tinned meat fish, etc	1 tin
Sausage	8 ozs.
Dried or smoked meat, fish, etc.	8 ozs.
Lard or its manufactured substitutes	4 ozs
Tinned or bottled fruits, vegetables etc . .	1 tin or bottle
Sugar	4 ozs.
Jams, syrups, etc	4 ozs
Confectionery, sweets etc	4 ozs.
Pepper mustard, species, etc .	1 oz.
Vinegar, sauces etc .	5 ozs
Lime juice and other similar preparations	5 ozs.
Beer or stout . .	10 ozs.
Spirits . . .	10 ozs.
Aerated waters . . .	1 bottle or syphon.

8. Each sample should be securely packed labelled and sealed by the sampling officer, and forwarded by the most expeditious route A report regarding each sample will be despatched separately by registered post.

9 Reports, forwarded as above, should embody at least the following information —

(a) The nature and quantity of the sample

(b) The source of the sample and the date of procuring it.

(c) The exact nature of the examination required, and the reasons rendering it necessary

(d) In any case of suspected poisoning, a clinical summary This summary should state particularly the length of time which elapsed between the consumption of the article and the onset of symptoms, the symptoms observed in the order of their occurrence, the present condition of the patient or patients and the condition of other persons who have partaken of the article or of similar articles from the same consignment

These reports will be signed by the officer who actually took the sample and may be countersigned also by the officer at whose request the sample was taken

10 Reports on analyses carried out at the Military Food Laboratory will be sent to the officer at whose request the sample was taken, a copy being sent to the A. D M S of the District concerned

C —PATHOLOGICAL MATERIAL FOR LABORATORY EXAMINATION

SPECIMENS FROM SUSPECTED ENTERIC CASES

1 *Blood culture* —This is a most valuable method of diagnosing cases It is important to consider the date of onset of disease and not of admission to hospital only Blood culture should also be carried out in every relapse as soon as the temperature rises Glassware and the skins of patients in India are difficult to sterilise owing to the presence of sporing organisms A sterile syringe kept entirely for blood culture work and for no other purpose should be employed The skin should be thoroughly washed with soap and water over the bend of the elbow and the area painted with a solution made by dissolving 0 5 per cent each of brilliant green and crystal violet in 50 per cent alcohol Cover the area with sterile gauze and leave 10 15 minutes This solution renders the skin quite sterile

At least 3 c c of blood should be inoculated into the bile and the rubber cap then covered with melted paraffin.

2 *Agglutination tests* —At the same time as blood is taken for culture 2 c c of the blood should be placed in a sterile tube and allowed to clot firmly Once the serum has separated it should be pipetted into a Wright s capsule, and forwarded to the laboratory for Widal test

Subsequent samples of serum should be forwarded to the laboratory at intervals *e g* 10th, 14th 18th 22nd day of disease It is to be remembered that one single agglutination test is of no value in diagnosis in an inoculated individual Tests on 26th and 30th day of disease in addition to above tests may yield information of great value, and should be carried out in suitable cases

3 *Collection of blood serum* —Two methods can be employed for obtaining serum for agglutination tests viz, collection in a Wright's capsule or by means of vein puncture

As Dreyer's method of carrying out the agglutination test is in use in all military laboratories, collection by means of vein puncture is practically always essential for the test to be properly carried out.

(a) Technique of collection in a Wright's blood capsule.—These capsules are obtainable on indent from Medical Store Depôts and in emergency from the nearest military laboratory

Their method of use is as follows —

The dorsal aspect of the terminal phalanx of one of the fingers is cleaned thoroughly with alcohol, and is pricked sufficiently deeply, either with a bayonet pointed needle or glass pricker, to ensure a free flow of blood Before pricking the finger, or immediately afterwards, a narrow bandage is wound tightly round it in such a manner as to confine the blood in the distal phalanx

Both ends of the capsule are now broken off Holding the capsule almost horizontally and below the level of the finger, the tip of the re-curved limb is applied to the drop of blood This now runs in by capillary attraction and by siphonage, the air escaping through the straight limb of the capsule Enough blood will have been obtained when the capsule is two thirds full

If, during the filling of the capsule, the blood ceases to flow freely the bandage should be removed from the finger and re applied

The capsule is sealed in the following manner —A small steady flame is employed, either the by pass of a Bunsen burner, or if this is not available the flame of a spirit lamp held upright The capsule is first slightly warmed at the junction of the body with the straight limb, and the distal end of this tube is sealed off by holding it in the flame. It is now allowed to cool and in so doing the imprisoned rarefied air contracts and the blood is drawn into the body of the capsule, leaving the orifice of the re curved limb free The orifice of this re curved limb is now sealed up in the flame

The greatest care must be taken in all these operations to prevent charring or heating the blood

The capsule is labelled with the patient's name and date of collection of blood, and is packed carefully for forwarding

(b) Technique of collection by means of vein puncture —The blood is obtained from the forearm by means of aseptic puncture of one of the veins which have been rendered prominent by getting the patient to clench the fist and grasp the upper arm with the other hand or by applying a bandage round the upper arm A fairly large-bore hypodermic needle should be employed, and at least 3 c c of blood withdrawn into the syringe This blood is now transferred to a small test tube to allow clotting and separation of the serum The latter is pipetted off from the clot, sealed in a small tube and labelled with the patient's name and date of sample

4 *Faeces* should be sent daily to the laboratory from the 6th day of disease onwards Specimens taken between the 10th and 21st day of the disease are most likely to yield positive results All specimens should reach the laboratory within two hours after passage When

this is impossible, as in the case of outstations a small portion of a loose stool should be emulsified, directly after passage, in 30 per cent. "*neutral*" glycerin in 0 6 per cent saline solution, and sent by post. It is important that the glycerin should not be acid Constipated stools are usually worthless for bacteriological examination , therefore when the condition of the patient permits, the stool resulting after saline treatment should be forwarded Proper glass containers must invariably be used

5 *Urine*.—Specimens of urine should also be sent daily to the laboratory after the 8th day from onset of the disease Specimens should be collected from the first urine passed after waking in the morning The first portion should be passed into a separate receptacle and about 20 c c of the middle portion of the urine collected into a sterile bottle and forwarded at once to the laboratory Urine from outstations is usually so contaminated by the time the specimen reaches the laboratory that it is useless for *bacteriological examination* This may be overcome by adding 0 8 c c of a 1 10 000 solution of brilliant green to 20 c c of urine (to prepare

solution in distille

distilled water).

be despatched to

specimens should be taken when required but routine daily catheterisation is for obvious reasons undesirable

Very careful sealing and packing of receptacles containing blood

SPECIMENS FROM CASES OF SUSPECTED DYSENTERY

7 *Bacillary dysentery*.—Dysentery bacilli die out rapidly in the stool after passage and are only isolated as a rule in the early stages of the disease i e, during the first three days Every endeavour should therefore be made to ensure that the specimen is sent to the laboratory directly the patient comes under observation and without any delay after passage When the specimen cannot reach the laboratory within two hours of being passed, a portion of the mucus should

if necessary

A portion of mucus spread on a glass slide and allowed to dry should also be forwarded from every case for a laboratory examination

of the type of cellular exudate No pressure should be used for spreading th s film or the cells will be broken down A useful method is to place some mucus on a piece of litmus paper used for testing the reaction of the stool and draw the mucus along the slide The reaction of the mucus and the time and date on which the stool was passed should be invariably entered on the laboratory report

Instructions should be given to subordinates that in cases suspected of suffering from dysentery a clean dry bedpan free of antiseptics should be used and also that patients should first pass their urine into a separate receptacle in order that no urine should be mixed with the stool in the bed pan

8 *Amoebic dysentery—E histolytica* begins to degenerate directly it leaves the intestine Movement ceases as a rule after one hour and diagnosis frequently becomes impossible In cases in which amoebic dysentery is suspected but in which it is impossible for the specimen to reach the laboratory within at the latest two hours after being passed mucus (preferably blood stained) should be spread on three coverslips Before the films dry the coverslips should be dropped film surface down into Schaudinn s solution and left for fifteen minutes They should then be transferred to a small bottle containing 70 per cent alcohol (with a little cotton wool at the bottom of the bottle to avoid breakage in transit) and be forwarded to the laboratory

Schaudinn s solution

Saturated solution of mercuric chloride in normal saline	2 parts
Absolute alcohol	1 part
Glacial acetic Acid	3 5 °/ₒ

In every case a dried film of mucus prepared as described above in para 7 should be forwarded for examination of the cellular exudate

Fæces for examination for cysts should be selected not from loose stools but from solid fæces which should be thoroughly emulsified in Weigert s iodine solution and forwarded to the laboratory

Weigert s iodine solution

Iodine	1 gramme
Potassium iodide	2 grammes
Water	100 c c

N B —Cysts are not found in cases of acute dysentery

9 Stools should be forwarded daily to the laboratory until a positive result is obtained or until information has been received from the D A D P that further specimens are not required

10 In every case of dysentery medical officers should take the opportunity of examining specimens of mucus in the clinical side

room directly after the specimen has been passed Small portions of mucus only, spread thin by the pressure of the coverslip should be examined Only *motile amoebae containing red blood cells* should be diagnosed as *E histolytica*

SPECIMENS FROM CASES OF DIARRHŒA

11 Acute diarrhoea may be caused by organisms of the food poisoning group or by organisms of the dysentery group Fæces from such cases should therefore be forwarded to the laboratory as described above for suspected enteric cases In all cases where vomiting has been present vomited material should be sent in a similar manner In food poisoning cases the suspected food should invariably be forwarded at the same time if possible packed in ice

SPECIMENS FOR EXAMINATION OF FÆCES FOR OVA OR WORMS

12 A saline purge should be given overnight and a small portion of the stool forwarded to the laboratory after being thoroughly emulsified in the following solution —

Acid carbolic	1 part
Glycerin	2 parts
Lactic acid	1 part
Water	1 part

SPECIMENS OF FAECES FOR ROUTINE EXAMINATION FOR CARRIERS OF ENTERIC BACILLI, DYSENTERY BACILLI OR E HISTOLYTICA

13 *Enteric group* —Constipated stools are worthless for bacteriological examination, therefore only loose stools resulting from a saline purge should be forwarded Specimens should be forwarded in the glycerin and saline solution as described in para 7 above, in those cases in which the specimen cannot reach the laboratory within two hours

Three such examinations should be carried out as a routine before a negative result is accepted

14 *Dysentery group* —

(*a*) *Bacillary dysentery* —Bacteriological examinations for dysentery bacilli will also be carried out in the laboratory on the specimens referred to under para 13 Enteric group above. It should be noted that such examinations are rarely positive in the absence of mucus, and therefore the presence of mucus should be looked for in these specimens and a sample if present forwarded separately to the laboratory.

(*b*) *Amoebic dysentery* —A sample of fæces emulsified in Weigert's iodine solution should be forwarded to the laboratory on three successive days A saline purge should not be administered as formed stools are required for cyst exa

minations. These specimens should also be macroscopically examined for presence of mucus Routine examinations will thus be as follows —

Three for enteric group and for dysentery bacilli

Three for *E histolytica* cysts

Macroscopic examinations for mucus should be made on these six specimens

TISSUES FOR HISTOLOGICAL EXAMINATION

15 Portions of tissues new growths, etc forwarded for histological examination should be dealt with as follows —

The tissue should be obtained as fresh as possible and if for sending by post, cut into cubes from 2 to 4 millimetres in thickness and placed without previous washing with water in a glass stoppered bottle containing 10 per cent formalin in normal saline solution

Particulars as to the site of new growth and brief clinical details *should be forwarded with the specimen*

If a properly equipped laboratory is available the whole growth or tissue should be handed without delay to the pathologist

METHOD OF DEALING WITH THE BRAIN OF A DOG SUSPECTED OF RABIES.

16 *Method of removing the brain of a suspected rabid animal for laboratory examination* —The first procedure is to open the skull and expose the brain.—Wash the head of the dog with an antiseptic,

exposing the brain. Incise the membranes covering the brain and divided the brain equally down the centre into two longitudinal halves If the skull vault is well broken each half of the brain can be lifted up with the aid of a knife and forceps.

NOTE —In removing the brain of rabid animals the greatest care must be exercised as the brain and saliva are infective and therefore should never be allowed to come in contact with the hands It is best to wear a pair of old riding gloves when carrying out this operation

17 *Preservation of the brain* —For the microscopical method, a special portion of the brain is required *viz* the hippocampus major To those who are unacquainted with the anatomy of the brain it is

knife and placed in a large wide mouthed bottle with a capacity of at least two pints a layer of cotton wool being placed first at the bottom of the bottle

The bottle is now filled *up to the brim* with one of the following solutions —

(A) Zenker's fluid —

	drachms.
Pot Bichromate	5
Mercury Perchloride	7
Glacial Acetic Acid	7
(or ordinary Acetic Acid)	21
Water	up to 20 ounces

(B) Rectified spirit

(C) Methylated spirit

Very inferior results are obtained with Methylated Spirit It is therefore recommended that one of the first two fluids be used wherever possible Large quantities of preservative fluid are always required.

18 *Packing and despatch* —A layer of cotton wool is placed at the bottom of the bottle and the bottle is filled up to the top with the preservative fluid This prevents jarring during a journey and consequently the brain is not broken up and emulsified In no case should the brain be wrapped round with cotton wool as it prevents the penetration of the preserving fluid. The lid of the jar is now sealed and the jar is packed in a box carefully with saw dust, etc

A descriptive account of the illness of the animal should always accompany the brain, and also the full address of the person to whom the results of the examination are to be sent

Medical and veterinary officers should also send a small fragment of the brain in 50 per cent glycerin and distilled water in cases of animals which they regard as *undoubtedly* suffering from rabies, as 'Street Virus' is always required at Pasteur Institutes

SPUTUM FOR BACTERIOLOGICAL EXAMINATION

19 It is advisable to obtain the first sputum that is brought up *in the early morning*

Particular care should be taken when collecting bronchial secretion, that the sputum is *coughed up* and is not simply obtained from the upper air passages or mouth

It is convenient, in forwarding the specimen, to use a stoppered sputum bottle

These bottles can readily be sterilized before use by rinsing with a few drops of absolute alcohol or methylated spirit which is then set alight

MATERIAL FOR AUTOGENOUS VACCINES

20 Autogenous vaccines, for cases of furunculosis, acne, etc, can be prepared, provided a specimen of pus, collected with aseptic precautions, be forwarded

An unbroken pustule should be selected and the surface sterilized by rubbing with cotton wool moistened in absolute alcohol.

The pus is obtained by plunging the point of a sterile capillary pipette into the centre of the pustule and gently aspirating a portion of the contents into the capillary stem by means of the teat fitted to the end of the pipette The end is then sealed off in the flame

BLOOD FILMS FOR MALARIAL PARASITES LEISHMANIA, BLOOD DISEASES, ETC

21. *The ordinary method* —The blood should be spread on a clean microscope slide in as thin and even a film as possible This is best attained in the following manner —A small drop of blood, obtained by pricking the dorsal aspect of the terminal phalanx of the finger, is touched lightly with the end of the slide The slide, with the drop of blood thus transferred, is placed on a horizontal surface and with the edge of a second slide which is held at an angle of 45 degrees, the drop is distributed in an even film over the surface A film with its edges parallel to the edges of the slide can be obtained by using as a spreader a slide broken so as to give a narrow end. Blood films should be protected from flies and dust The film may be stained by Leishman's, Giemsa s or other appropriate stain

22 *The thick film method* —There are several varieties of this method, one of the best being as follows —

Four large drops of blood are placed at the corners of a small square, ½ in by ½ in, near the centre of the slide With a round needle or glass rod they are then pooled so that the blood covers the ½ in square thickly and evenly " pudding " must be avoided

The slides are now laid flat on the table, are covered with a Petri dish and are allowed to dry completely *This is the most important point of the whole process.* A thick film may appear to be dry in half an hour but the leucocytes have not yet emigrated to and become adherent to the slide At least two hours at room temperature, or an hour in the 37°C incubator, is required otherwise the film gets washed away during subsequent manipulations

Lay the perfectly dry thick film,—surface upwards,—flat on a staining rack Flood the slide very gently with the following mixed solution —

Glacial acetic acid 25 per cent in distilled water	4 parts
Tartaric acid crystalline 2 per cent in distilled water	1 part

This solution dehaemoglobinizes the film, and the process should be watched. An ordinary thick film will be completely dehaemoglobinized in 5 to 10 minutes but films with thicker patches may require a little longer

As soon as dehaemoglobinization is complete, drain off the fluid by tilting the slide Next, flood the slide with methyl alcohol Allow to remain on for five minutes The film is now fixed

Drain off the methyl alcohol and wash the film very thoroughly in distilled water Every trace of acid must be removed from the film, or the subsequent staining will be unsatisfactory

Stain the film with Giemsa s stain or Leishman s stain, one drop to one c c of distilled water, for 10 minutes Differentiate in distilled water Do not blot the film, but allow it to dry in air, placing the slide tilted against any vertical surface, with the film side downwards to protect it from dust

Examine with the 1 12th in oil immersion lens and a fairly high *eg* No 6 ocular The leucocytes are seen to be evenly scattered field by field over the half inch square, which can be rapidly examined for malaria parasites, L donovani etc As contrasted with control thick films for healthy blood the leucopenia of kala azar at once becomes most strikingly apparent

PUS FILMS FOR MICROSCOPICAL EXAMINATION

23 These films should be prepared in the same manner as their blood films (see para 21)

In preparing films for examination for the gonococcus, the sample of pus should be collected on the patient s rising in the morning and before he has urinated

D RULES FOR PRESERVING PACKING, AND DESPATCHING SPECIMENS TO CHEMICAL EXAMINERS FOR ANALYSIS

1 The suspected viscus or other materials to be sent for examination should be enclosed in a glass bottle or jar, fitted with a stopper or sound cork

2 If the material sent is liable to decomposition, it should invariably be preserved by one of the following methods —

(i) In cases of suspected poisoning in man other than alcoholic poisoning the material sent should be immersed in spirit of wine The spirit should be sufficient in quantity to cover the material immersed in whatever position the vessel containing it may be held and should not bear a less proportion to the bulk of such material than one-third. Care should be taken that common bazar spirit is not used

(ii) In cases of suspected alcoholic poisoning in man the contents of the stomach and its washings in pure water should be placed in a bottle with a sufficient quantity of clean table salt to saturate the solution and leave a little salt undissolved The stomach itself, after being washed in pure water as above, may be preserved in alcohol as in (i)

(iii) In cases of suspected cattle poisoning the viscera or other material may be preserved in spirit or in a solution of common salt If a solution of salt is used it should be prepared as follows —

Common salt should be added to pure water at the temperature of the air and stirred until no more salt dissolves, when the solution should be filtered through a plug of cotton wool. The bottle containing the viscus or other material should be filled up with the solution to within ½ of an inch from the stopper To obviate any danger from a solution of salt being tampered with, a separate sample of the solution should in every case be sent to the chemical examiner by the officer despatching the viscus, and another sample should be retained in a sealed bottle in his office

[illegible]

or leather and sealed

4 The glass bottle or jar should then be placed in a strong wooden or tin box, which should be large enough to allow of a layer of raw cotton, at least ½ of an inch thick, being put between the vessel and the box

5 The box itself should be encased in common cloth, which should be securely closed and sealed The seals should be at intervals not exceeding three inches along each line of sewing All the seals must be of the same kind of wax and must bear distinct impressions of the same device The device should ordinarily be the office seal of the officer despatching the parcel The device must in no case be that of a current coin or merely a series of straight or curved lines

6 Despatching officers will be held personally responsible that these instructions are carefully followed Whenever practicable such parcels should be packed under the immediate supervision of a medical officer

7 A declaration of contents to the officials of the postal department is *unnecessary, and should not be made*

8 The chemical examiner should be furnished for his information and guidance with every detail obtainable (including a copy of the report

of the *post mortem* examination) which will throw light on the case or afford him a clue.

9. It is important that substances supposed to contain poison should be analysed with as little delay as possible When reasonable suspicion exists that poison has been used in the commission of an offence, the substance supposed to contain the poison should be at once sent to the chemical examiner.

10. Registered parcels up to a limit of 25 seers in weight are accepted for transmission by post, and the post should, as far as possible, be used in preference to the railway in medico-legal cases.

APPENDIX XXII

LIST OF STATIONS AT WHICH MILITARY FAMILY HOSPITALS ARE AUTHORIZED.

Agra (*a*)
Ahmednagar (*a*)
Allahabad (*a*)
Ambala (*a*)
Bangalore (*a*)
Bannu (*a*)
Bareilly (*a*)
Barian (*d*)
Barrackpore (*a*)
Belgaum (*a*)
Bombay (*a*)
Calcutta (*a*)
Campbellpore (*a*)
Cawnpore (*a*)
Chakrata (*b*)
Chaubatia (*b*)
Cherat (*b*)
Dagshai (*a*)
Dalhousie (*a*)
Delhi (*a*)
Deolali (*a*)
D I Khan (*b*)
Dinapore (*a*)
Ferozepore (*a*)
Fyzabad (*a*)
Hyderabad (*a*)
Jhansi (*a*)
Jubbulpore (*a*)
Jullundur (*a*)
Jutogh (*a*)
Kamptee (*a*)
Karachi (*a*)
Kasauli (*a*)
Khanspur (*b*)
Kohat (*d*)
Kuldana (*b*)
Lahore Cantonment (*a*)
Landour (*b*)
Lebong and Jalapahar (*a*)
Lucknow (*a*)
Maymyo (*a*)
Meerut (*a*)
Mhow (*a*)
Mingaladon. (*a*)
Mount Abu (*a*)
Multan (*a*)
Murree (*b*)
Muttra. (*a*)
Nasirabad (*a*)
Nowshera (*a*)
Pachmarhi (*a*)
Peshawar (*a*)
Poona (*a*)
Purandhar (*a*)
Quetta (*a*)
Rangoon (*a*)
Ranikhet (*a*)
Rawalpindi (*a*)
Risalpur (*a*)
Roorkee (*a*)
Secunderabad (*a*)
Sialkot (*a*)
Solon (*c*)
Subathu (*a*)
Wellington (*a*)

[illegible] ning and clos[illegible]
[illegible] D M S of the [illegible]
[illegible] ed for filling [illegible]
[illegible] d not exceed [illegible]

NOTE—A matron is authorised for employment in the Garrison Dispensary Fort St George

APPENDIX XXIII.

LOCATION OF LABORATORIES IN INDIA AND BURMA.

I DIRECTLY UNDER THE D M. S IN INDIA

(1) Enteric Laboratory, Kasauli

(2) Military Food Laboratory Kasauli

(3) Physiological Laboratory, Special Wing, Army School of Education, Belgaum (for technical control only)

II COMMAND LABORATORY.

The Southern Command Laboratory is located at Poona.*

III DISTRICT LABORATORIES.

1st Class

Peshawar
Rawalpindi *
Lahore
Quetta *
Meerut *
Secunderabad

2nd Class

Kohat
Razmak *
Lucknow
Calcutta
Mhow
Colaba
Bangalore
Maymyo *

* These laboratories carry out Wassermann tests.

IV BRIGADE LABORATORIES

Sialkot
Ambala
Bannu
Karachi
Nasirabad.
Dehra Dun
Bareilly
Allahabad
Jhansi
Jubbulpore
Wellington
Mingaladon

APPENDIX XXIV.

DIRECTIONS FOR MEASUREMENTS OF ELASTIC STOCKINGS AND TRUSSES

I. Directions for the measurement for elastic stockings
- Round upper third of thigh
- Round centre of thigh
- Round lower third of thigh
- Round thigh just above condyles of femur
- Round knee cap
- Round leg just below head of tibia
- Round middle of calf
- Round leg just below calf
- Round malleoli at ankle
- Round foot just above heel
- Round instep
- Round great toe joint

Length from centre of back of upper third of thigh to lower border of heel.

Distance from point just above centre of heel to great toe joint

Those measurements only which are necessary for the manufacture of the particular si e and *length* of the stocking required should be given, and *all measurements* must be stated in *inches* The length of the stocking required should be taken by following the contour of the back of the leg while the patient is standing erect

II Trusses

State description of hernia

State whether the hernia or weakness is on the right, left or on both sides.

Give some idea of the size of the protrusion *e g*, as big as an egg or a walnut

State approximate size of opening through which hernia escapes

The measurement for a truss, whether inguinal or femoral should be taken in the following manner, a measured tape is to be drawn fairly tightly round the pelvis, just below the crests of the ilia and the two ends made to meet above the symphysis pubis, when the number in inches can be read off

Send number of old truss, if one is in use

APPENDIX XXV.

RULES REGARDING THE SUBMISSION OF PAYMENT INDENTS TO MEDICAL STORES

Payment indents may be submitted by —

1. The Army in India.
2. The Royal Indian Marine.
3. The Royal Air Force
4. Government Institutions.
5. The Royal Navy
6. The War Office.
7. Colonial Governments.
8. Government Servants.
9. Cantonment Hospitals.
10. Port Trusts.
11. Guaranteed and State Railways.
12. Municipalities.
13. District and Local Boards.
14. Indian States.
15. Indian State Forces.
16. Forest Department, Andamans
17. Certain authorised Medical Institutions, etc

Payment indents for stores required for medical or veterinary purposes should be countersigned as indicated below —

(1) By Deputy Director, Medical Services, Assistant Director, Medical Services, Director, Veterinary Services, or Deputy or Assistant Director, Veterinary Services.

(2) By Director, Royal Indian Marine

(3) By Principal Medical Officer, Royal Air Force.

(4) In the case of Imperial Institutions, Director General, Indian Medical Service. In the case of Provincial Institutions, Local Surgeon General, Inspector-General of Civil Hospitals, Administrative or Chief Medical Officer, or Superintendent, Civil Veterinary Department or any other Medical Officer authorised by Local Government.

(5) By Captain of the Ship.

(6) By Director, Medical Services or Quartermaster General.

(7) By Director-General, Indian Medical Service.

(8) By Director, Medical Services, Deputy Director, Medical Services, Assistant Director, Medical Services, Director, Veterinary Services, or Deputy or Assistant Director, Veterinary Services, in the case of individuals in Military employment, and Director General, Indian Medical Service, or the offices mentioned opposite item (4) above in the case of individuals in Civil employment.

(9) By Deputy Director, Medical Services or Assistant Director, Medical Services

(10) By Administrative Medical Officers mentioned opposite item No (4) above

(11) By Administrative Medical Officer of the Railway concerned

(12)
(13) } By Officers mentioned opposite item No (4) above

(14) By Director General, Indian Medical Service, in the case of Indian States under the Government of India and Local Surgeon General or Inspector General of Civil Hospitals in the case of Indian States under Local Government

(15) By Director General, Indian Medical Service

(16) By Senior Medical Officer, Port Blair

(17) By Officers mentioned opposite item No (4) above.

Medical Stores may not be supplied to private persons

APPENDIX XXVI.

PERIOD OF TURNOVER OF DRUGS, ETC.

Note.—The periods [illegible] in years are, with a few exceptions, based on physical and chemical changes only. Deterioration in therapeutic value has not been taken into consideration.

It should be realised that the periods in question cannot be considered in any way definite, as climatic differences are important factors.

Articles which show outward signs of deterioration will be replaced at once irrespective of these periods.

P. V. M. S. No.	Article	Period of turnover in years.
1	Acaciae Gummi	5
4	Acidum Aceticum	3
9	,, Boricum	5
10	,, Carbolicum	5
11	,, Chromicum	5
12	,, Citricum	5
13	,, Hydrochloricum	3
17	,, Hydrocyanicum dilutum	2
19	,, Nitricum	5
20	,, Picricum	5
21	,, Salicylicum	5
22	,, Sulphuricum	6
25	,, Tannicum	5
26	,, Tartaricum	5
27	Adeps Lanae (1 lb. tin)	5
28	,, ,, (in 1 oz. tubes)	3
29	Aether purificatus for anaesthetic purposes	2
30	Alumen purificatum	3
33	Ammonii Bromidum	3
34	,, Carbonas	2
35	,, Chloridum	5
37	Amyl Nitris, capsules of 3 minims	3
45	Apomorphinae Hydrochloridum	5
43	Argenti Nitras Induratus	5

P V M S No	Article	Period of turnover in years
46 A	Auri Chloridum in 15 grs tubes	5
52	Bismuthi Salicylas	5
54	Bleaching Powder	1
55	Borax Purificatus	5
59	Caffeinæ Citras	2
61	Calcii Chloridum	5 if not moist.
68	Camphorodyne	5
75	Chloral Hydras	2 but requires watching
77	Chloroformum in 1 oz tubes	5
82	Cocainæ Hydrochloridum	5
84	Collodium Flexile	5 if it retains its bulk.
89	Copaiba	5
91	Creosotum	5
92	Cresol saponified	5
93	Creta Praeparata	5
95	Cupri Sulphas	5
101	Emplastrum Belladonnæ	1
111	Ethyl Chloride tubes of 3 c.c	5
113	Extractum Colocynthidis Co	5
114	Extractum Belladonnæ Liquidum	5 } if bulk retained
122	Filicis Liquidum	5 } if bulk retained
126	Hamamelidis Liquidum	5 } if bulk retained
127	Hyoscyami	5
130	Nucis Vomicæ liquidum	5 if bulk retained.
136	Ferri et Ammonii Citras	5
137	et Quininæ Citras	5
149	Glycerinum	5
152	Hexamina (Urotropine)	5
157	Hydrargyri Cremor (Mercurial Cream)	2
158	Iodidum Rubrum	5
160	Iodine powder in tubes	5
163	Hydrargyri Subchloridum	5
170	Iodoformum	5
194	Liquor Formaldehydi	5

P V M S No	Article	Period of turnover in years
195	Liquor Hydrogenii Peroxidi	1
171	Iodum	[illegible]
172	Ipecacuanhae Radix Pulvis	5
177	Linimentum Camphoræ Ammoniatum	5
180	Linimentum Saponis	2
185	Liquor Ammoniæ	1
188	,, Arsenicalis	5
190	,, Arsenii et Hyd. Iodidi	1
192	Liquor Epispasticus	
193	,, Ferri Perchlor. Fortis	[illegible]
198	,, Plumbi Subacetatis Fort.	-
199	,, Potassæ	5
203	Lysol	5
206	Magnesii Sulphas	2
227	P. C. oil	1
217	Morphinæ Tartras	5
218	Mustard compressed in lb. tins	5
230	Oleum Arachis	5
246	,, Ricini	2
249	,, Terebinthinæ Rect.	5
253	Opii Pulvis	5
257	Paraffinum Molle	5
258	,, ,, Antiseptic	5
262	Phenacetinum	5
269	Pil. Calomel compound Rhubarb and Colocynth (2 grains of each)	5
280	Pil Plumbi cum Opio	5
286	Pituitrin ampoules of ½ c. c.	2
289	Plumbi Acetas	5
293	Potassii Acetas	5
295	,, Bromidum	5
296	,, Chloras	5
299	,, Iodidum	[illegible]
301	Potassii Permanganas	5
304	Pulvis Cretæ Aromaticus cum Opio	5

P V M S No	Article	Period of turnover in years
306	Pulvis Ipecacuanhæ Co.	5
307	Pulvis Jalapæ Co	5
317	Quinine ulphas	
324	Santoninum	5
331	Sodii Bicarbona	5
3 6	Sod i Citras	5
344	Sodii alicylas	5
348	Spi i us Aethe is Nitrosi	1
349	Spi itus Ammoniæ Aromat cus	1
350	Spi ritus Methylatus	5 if bulk retained 1
3 6	Sulphur Sublimatum	5
361	Easton Syrup	1
366	Tabs Hydrargyri Perchloride 8¾ gr tubes	5
470	Tinctura Belladonnæ	5
471	Tinctura Benzoini Co	5
4 3	Tinctura Camphor Co	5
483	Tinctura D gitalis	1
486	Tinctura Gentianæ Co	5
495	Tinctura Nucis Vomicæ	5
496	Tinctura Opii	5
502	Tinctura Sc llæ	5
514	Unguentum Hydrargyri	5
523	Unguentum Sulphuris	5
528	Vinum Ipecacuanhæ	5
530	Zinci Chloridum	5
531	Zinci Oxidum	5
532	Zinci Sulphas	5
1861	Alcohol Absolute B P	1
1877	Barium Carbonate purias	5
1906	Litmus powder extra pure	5
1920	Phenalphthalein pure	5
19 5	Dulcite	5
1976	Glucose pure	5
972	Peptone Powder	5

P V M S No	Article	Period of turnover in years.
1953	Sodium Taurocholate . .	1
1947	Sodium Hyposulphite pure Recryst	2
1933	Mannite	5
1935	Oil Cedarwood . .	5
1935	Oil Aniline	2
1969	Gelatine (Coignet s extra fine)	5
1937	Xylol. pure	5
1965	Agar Agar	5
1392	Bags Ice head	2
1393	Bags Ice spine	2
1399	Beds air George's	5
1477	Cushions air circular	5
1478	Cushions air square	5
1683	Tourniquets Esmarch s I R	2
1723	Gauze double cyanide compress pkts of 2½ yds	5
1731	Gauze surgical, loosewove unmedicated	5
1750	Wool cotton, absorbent compressed, 2 oz. pkts	5
1753	Wool, double cyanide compressed, 1 oz pkts	5
1754	Ligatures catgut sterilized	4
1 55	Ligatures catgut unsterilized	5
1704	Tubes stomach I R with I R. funnel and gag	1
1749	Wool cotton, absorbent, 1 lb pkts	5
1 5?	Wool, double cyanide 1 lb pkts	5
1760-61	Ligatures linen sterilized and unsterilized	5
1763 72	Tubing drainage	2
1??	, in tubes	5
2299	Brushes nail	4
231? 15	Corks various	5
2335-35A	Flannel coarse	4
2412	Paste board for splints	5
243?-34	Plaster adhesive .	1
?435	Plaster of Paris . . .	2

P V M. S No	Article	Period of turnover in years
2411	Paper wrapping .	5
2466	Soap carbolic .	1
2503	Waterproof sheeting Pluviusin	3
	Rubber components of m dical and surgical apparatus	1
23 7	Leathers whi.e .	[illegible]
2405-06	Paper litmus	6
240"	Paper paraffin	3
260	Labels plain gummed . .	2

APPENDIX XXVII

Scale of medical equipment for headquarters and regimental units in the field

Unit	Apparatus water testing Horrocks	Field medical companion complete	Field medical pannier No 1	Field medical pannier No 2	Field surgical haversack	Outfits first aid	Remarks
Headquarters army division or cavalry division		1			1		
British or Indian cavalry regiment	1	1	1	1	1		
Headquarters of a field brigade R A or an Indian Mountain Brigade R A and Ammunition Column.	1						
Battery R A	1	1	1	1	1		
Divisional Ammunition column	1	3	1	1	3		
Headquarters company or field troop Sappers and Miners.	1	1			1		
Army troops field or rail way company Sappers and Miners	1	1	1	1	1		
British or Indian Infantry battalion.	1	1	1	1	1		
Pioneer battalion	1	1	1	1	1		
Armoured Car Company Royal Tank Corps						1	Per car
Divisional Train	1	1	1	1	1		
Divisional Signals	1	1	1	1	1		

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